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ABSTRACT

This summary of the National Council of Organizations for Children and Youth (NCOCY) Bicentennial Conference on Children contains the text of the major addresses presented at the conference and summary reports of the conference discussion groups. The major topics discussed were family income support, child health, child care, and legislation related issues concerning children. Speakers included: (1) Senator Walter F. Mondale (2) Dr. Kenneth Keniston (3) Dr. C. Arden Miller (4) Dr. Burton White (5) Ms. Maya Miller (6) Dr. Rashi Fein (7) Dr. Sally Provence (8) Congressman George Miller (9) Marian Wright Edelman (10) Senator Edward M. Kennedy and (11) Judith S. Helms. (JMB)

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BICENTENNIAL CONFERENCE ON CHILDREN

Among the many critical needs of children and youth which cry out for attention, the NCOCY Bicentennial Conference on Children focussed on three vital issues of national public policy. It concentrated on achieving three essentials which affect a family's ability to give young children a decent start in life, and to prevent the tragic and costly troubles that follow deprivation.

Family Income Support

The damage that poverty inflicts on 17 million American children remains our most critical problem. When parents cannot find a job, or are not paid enough to give children a positive environment, the price in family tragedy and national economic costs rises higher and higher. We must have an adequate income standard for all families through employment opportunity and economic support programs.

Child Health

Widespread hunger and malnutrition among our children are all too clearly documented. We rank after 16 other nations in infant mortality rates. Over one million children under four are mentally retarded or physically handicapped, often in ways that could be prevented or corrected with better health services. Care is often unavailable, and costs have risen beyond the reach of most families. We must have comprehensive, accessible health care for parents and children at a price they can afford.

Child Care

More than half of the mothers of young children are now employed outside the home. There are 6.5 million pre-school children whose mothers are employed, and only one million licensed day care spaces for them -- most of them terribly deficient. There are 3 million single parents with children under 6, who need a variety of services to make a positive home atmosphere. We must provide adequate child care services, both in and out of the home, for all those children whose parents need them.

Photographs

INSIDE FRONT

Clockwise, starting upper left corner --

Marian Wright Edelman; Dorothy Height, Senator Walter Mondale and Cynthia Wedel; Dr. Rashi Fein; Senator Edward Kennedy; Kenneth Keniston(seated) and Bill Pierce; Judy Helms; Dr. Sally Provence; Dr. C. Arden Miller; Dr. Burton White.

Center --

(Top) Maya Miller; Congressman George Miller

INSIDE BACK

Clockwise (From upper left corner) --

Dean Maria Piers and Eleanor McGovern; Kathy Messenger, Lee Schorr and Judy Weitz; Mary Dublin Keyserling; Dr. Julius Richmond; (left to right) John Meier, Terry Lansburgh and Dr. Erwin Friedman; Robert Nathan; Mrs. Carolyn A. Eberwein and daughter; Senator Walter Mondale; Lee Schorr.

Center --

(Top) Senator Walter Mondale and conference participants; (left to right) Dr. Marvin Cornblath, Judy Helms, Senator Walter Mondale and Clyde E. Shorey,Jr.

OUTSIDE BACK

Clockwise (From upper left corner) --

Dr. Marvin Cornblath; Carl Megel; Mary Dublin Keyserling; Judy Helms; Mary Allen Jolley.

All photographs were taken by Betsy K. Frampton
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all photographs by Betsy K. Frampton

BICENTENNIAL CONFERENCE ON CHILDREN

PROGRAM

Sunday, February 1st

6:15 p.m. Welcome Reception

Special presentation to Senator Walter F. Mondale and Congressman John Brademas, for their distinguished leadership in public policy issues affecting children

7:15 p.m. Dinner

Address: Senator Walter F. Mondale

Monday, February 2nd

9:00 a.m. Plenary Session

"Where We've Been, Where We Are: Issues and Options"

Presiding: Dorothy Height
National Council of Negro Women

Address on Family Income Support: Kenneth Keniston
Chairman, Carnegie Council on Children

Address on Child Health: C. Arden Miller, M.D.
Past President, American Public Health Association

Address on Child Care: Burton White
Harvard University School of Education

10:45 a.m. Discussion Groups

A. Leader: Chauncey Alexander
National Association of Social Workers
Resources: Bert Seidman, AFL-CIO
Elizabeth Wickenden, The National Assembly

B. Leader: David Ramage, New World Foundation
Resources: Dick Warden, United Auto Workers
Tom Joe, Consultant on welfare

C. Leader: Clyde E. Shorey, The National Foundation
Resources: Dr. Effie Ellis, The National Foundation
Dr. Donna O'Hare, HEW

D. Leader: Barney Sellers, The National Health Council
Resources: Dr. Miller
Dr. Marjorie Costa, HEW

E. Leader: Alberta Meyer
Assn. for Childhood Education Int'l.
Resource: Dr. White

F. Leader: Julius Richmond, M.D.
American Orthopsychiatric Association
Resource: Audrey Naylor, Yale University

G. Leader: William Pierce
Child Welfare League of America
Resource: Dr. Keniston

1:45 p.m. Plenary Session

"Agenda for Action: Setting New Goals"

Presiding: Mary Dublin Keyserling
National Consumers League

Address on Family Income Support: Maya Miller
Director, Women and Welfare Project, The Women's Lobby, and Chairperson, The Children's Foundation

Address on Child Health: Rashi Fein, M.D.
Harvard University School of Public Health

Address on Child Care: Sally Provence
Yale University Child Study Center

4:00 p.m. Discussion Groups

A. Leader: Robert Nathan
American Freedom from Hunger Foundation
Resources: Ms. Miller
Woody Ginsberg, Center for Community Change

B. Leader: Barbara Bode, The Children's Foundation
Resource: Andrea Kydd, The Children's Foundation

C. Leader: Erwin Friedman
American Psychological Association
Resources: Dr. Fein
George Degnon, American Academy of Pediatrics

D. Leader: Marvin Cornblath, M.D.
University of Maryland Medical School
Resource: Katherine Messenger
Carnegie Council on Children

E. Leader: Marilyn Smith, National Association for the Education of Young Children
Resources: Dr. Provence
Judith A.Riggs, Children's Defense Fund

F. Leader: Naomi Hiett
Illinois Commission on Children
Resource: Barbara Finberg, Carnegie Corporation

7:15 p.m. Dinner

Address: George Miller
Member of Congress, 7th District, California

Tuesday, February 3rd

9:00 a.m. Workshops

A. How to Help People Be Better Parents

Dr. Ira Gordon, University of Florida

B. The Politics of National Day Care Legislation

Liz Robbins, Agency for Child Development, N.Y.C.
Joyce Lynn, Day Care and Child Development Reports

C. Participation in Title XX Planning

Peter Forsythe, Edna McConnell Clark Foundation
Steven Ebbin, CWLA Hecht Institute

D. What is Adequate Primary Health Care for Children?

Lee Schorr, Children's Defense Fund
Katherine Messenger, Carnegie Council on Children

E. How to Combat Welfare Mythologies

Mike Dowling, United Church of Christ
Nancy Amidei, Project on Race and Social Policy

F. The Stake of Children in Job Security and Unemployment Compensation

Leonard Lesser, Center for Community Change

G. Providing Choices in Child Care Arrangements

Jeannette Watson, Texas Office of Child Development

H. How to Make EPSDT More Effective

Marilyn Marcosson, American Parents Committee

I. Expanding the Food Stamp Program

Andrea Kydd, The Children's Foundation

10:45 a.m. Workshops

A. How to Help People Be Better Parents

Dr. Ira Gordon, University of Florida

B. The Politics of National Day Care Legislation

Liz Robbins, Agency for Child Development, N.Y.C.
Joyce Lynn, Day Care and Child Development Reports

C. Organizing Better Child Health Care Locally

Wendy Lazarus, Children's Defense Fund
Rebecca Andrade, Tri-City Citizens Union, Newark
Patricia Kalmans, formerly technical assistant, East Tennessee Research Corporation

D. Reforming the Present System of Family Income Supports

Richard Warden, United Auto Workers
Henry Freedman, Center on Social Welfare Policy and Law, N.Y.C.

E. Building Support for Adequate National Health Insurance

Sylvia Hunter, Community Council of Greater New Yo

F. How To Combat Day Care Mythologies

Stevanne Auerbach, consultant and writer
Therese Lansburgh, Maryland Committee for the Day Care of Children

G. Food Services under the Child Nutrition Act

Jodie Levin-Epstein, The Children's Foundation
Llewellyn Greenwood, The Children's Foundation

H. A National Family Impact Statement

Sid Johnson, Director, Family Impact Seminar, George Washington University

I. Local Advocacy for Children

Jo Herren and colleagues from the Iowa Children's Lobby

12:30 p.m. Luncheon

Address: Marian Wright Edelman
Director, Children's Defense Fund

2:30 p.m. Workshops

A. Participation in Title XX Planning

Peter Forsythe, Edna McConnell Clark Foundation
Steven Ebbin, CWLA Hecht Institute

B. Achieving Better National Health Policies and Programs

Frederick Green, Children's Hospital of D.C.
Karen Davis, Brookings Institution
Arthur Lesser, M.D., health consultant

C. Developing Child Care Services

William Pierce, Child Welfare League of America
Judith Assmus Riggs, Children's Defense Fund
Eugenia Kemble , American Federation of Teachers
Thomas Taylor, National Capital Area Day Care Council

D. Families Headed by Women

Isabelle Sawhill, Urban Institute

E. Full Employment and Job Creation

Mary Dublin Keyserling, National Consumers League
William Higgs, Legislative Assistant to Congressman Hawkins

F. Training and Employment Opportunities in Day Care

Dean Maria Piers, Erikson Institute
Canary Girardeau, Child Development Associate Consortium

G. The Health Planning and Resources Act

Tom Van Coverden and Sims E. DeBerry
National Association of Neighborhood Health Centers

H. Making WIC More Effective

Stefan Harvey, The Children's Foundation

7:00 p.m. Dinner

Address: Senator Edward M. Kennedy

Wednesday, February [illegible]

8:30 a.m. Regional Breakfasts

10:00 a.m. Plenary Session

Presiding: Carl J. Megel
American Federation of Teachers

Reports from the Discussion Groups and Workshops:

on Family Income Support: Mary Dublin Keyserling
on Child Care: Mary Allen Jolley
on Child Health: Marvin Cornblath

Address: Judith S. Helms
Executive Director, NCCCY

12:00 noon Adjournment

Several afternoons during the Conference, current films on related subjects were shown in the film room for participants to review.

Throughout the entire Conference, a Resource Room was open displaying hundreds of books, pamphlets and reference materials on matters related to Conference discussions

Two publications were issued in connection with the Conference:

America's Children: 1976

A Factbook on children in poverty, child health, child care needs, and federal programs affecting all of them.

Congress and Federal Agencies:
A Directory for Child Advocates

Address By: Senator Walter F. Mondale
February 1, 1976

Thank you very much, Terry, for, I thought, an outstanding and well deserved introduction. Terry was not only very kind to me in her introduction, she has been exceedingly helpful to us in our work ever since it began. Tonight she demonstrated a new talent. I am dying of a cold, and doctorlike, she reached in and got some crazy kind of pill that she says requires a prescription, which I do not have. I took the pill and I don't know what's going to happen, but this could be one of the most exciting evenings of our lives.

Father Manelli, General MacMahon, John Meier, Judy Helms, Barbara Finberg, I'm sorry our main speaker could not be here tonight.

You know, democracy has many, many values, we often talk about some of the less significant ones, that it gives people a chance to have something to say about their own government, a chance to vote and so on. But I'm convinced that after 20 years in politics that the real reason is that it is only in a democracy that you can get free speakers. And mark that well. Because you've got to have speakers at a banquet. Pick that political party that's most willing to send speakers. And if you will judge us on that basis, I know who you're going to elect because I come from the biggest windbag party ever in the history of our country.

You've arrived in Washington at an historic time. There's a fundamental change in policy...the President has called for "common sense". And so he has just sent up to the Senate and the House a "common sense budget." Among other things, he proposes in that budget to substitute common sense for the fifth and the sixth grades.

Seriously I'm delighted to be here and particularly pleased to participate in the NCOCY conference. Your leadership through many of the organizations that are participating here tonight, or are a part of this organization, have contributed time and time again to our work, both on the Hill in terms of the studies that you have conducted and just as importantly in terms of your work in the states and in the communities from which you come. As the central organizing group, the central information source, you provide an exceedingly crucial and essential organization in this nation's long struggle to achieve justice for all American children. And I congratulate you, I congratulate this organization, and I look forward to working with you in the years to come on the broad range or issues that affect family life, that affect our children and our young.

In a real sense we couldn't be meeting at a better time. Because if you look carefully the, central issue that seems to be surfacing in the 1976 campaign, the 200th year of our nation, seems to be basically whether we should continue our widely shared bi-partisan national effort towards social justice. Or whether we should abandon it and the federal government should somehow become a neutral and a non-participating party in that great objective of social justice. I don't know how else you can read the pending budget before the Congress. It is nothing less than a disaster for families and for children.

I think I spoke to you a couple years ago and I said, "right now, it's easier to vote against children than it is Lockheed Aircraft." And it's still the case, apparently, if this budget represents smart politics in American life. The budget talks about "holding the line" and "being realistic" but, of course, they apply that

logic only to human programs. While they propose an $8.3 billion increase in Pentagon spending--that's an increase that makes up for inflation and adds real spending to the Defense budget--they propose a 12 million dollar cut in maternal and child health programs, a four million dollar cut in child mental health services, a 23% cut in child nutrition. No increase at all in the under funded child welfare program. Not a penny for crib death programs and research, even though crib death is the largest killer of infants in America.

And that is not all. General educational budgets are cut--when you consider inflation--by 19%. In other words, one-fifth of the federal contribution to education is supposed to be eliminated in the 1977 budget. And in five years, if we continued that principle of reduction there would be no federal assistance whatsoever for any of these programs. The budget would cut bi-lingual education, even though it reaches only 5% of the children who need it. It would cut, unbelieveably, Indian education by 31%. It cuts elementary and secondary education programs...the Title I program which is, incidentally, about the only federal aid program that flows directly in relationship to poverty, by $450 million dollars. The budget would result in a significant reduction in health and from this gear on out all inflation in health would be the burden of the state and local taxpayers. Presumably you'd have to find funds by real estate taxes and such regressive taxes as the sales tax, with no continuing federal commitment at all.

The budget proposals strangely strike almost unerringly--and it had to be a conscious policy--at the working poor. And that it strikes me as remarkable from an Administration that talks so much about the virtues of work. I happen to think that work is crucial to this country and crucial to the mental health of Americans, and I strongly believe in a full employment economy. Yet, strangely, this budget cuts those who are most vulnerable to unemployment, the ones who probably could most wisely just quit and let the government take care of them completely, if they took out a pencil and realized the small return of work versus welfare at those marginal income levels. Despite the fact that they could have gone on welfare and didn't, despite the fact they are not making much, despite the fact that they have to pay taxes on their income; these are the Americans above all who have been targeted out for the heaviest burden if this full budget were adopted.

The budget removes the low income workers tax bonus entirely, yet the work bonus is a proposal that's the beginning of something very important in this country, if we can hold it. We send back to low income working Americans, with children, 10% of their income, which is a little less than the payroll tax that they pay. Real relief, real money for the working low income family. The budget would cut that out entirely.

Also it proposes a substantial jump in the payroll tax, Social Security Tax, which is a work tax, it's a regressive tax. There are no deductions for health costs, for family size, for anything. And it is a tax on work which not only takes money essential for that family, but impacts on employers who are wondering whether they should hire more employees or not. It's another cost of hiring people versus setting up a machine that I think discourages the employment of workers. They also propose to increase the unemployment insurance tax, which is another tax on working America.

So that by 1977 that much advertised reduction in income taxes will have been more than wiped out by the increases in Social Security payroll taxes and unemploy-

ment insurance taxes. And this is particularly true for the working poor who get little or no relief under the proposed reductions in the income tax.

Another thing we in Congress have tried to do in the last couple of years is to substitute slowly a tax credit per dependant for the tax deduction, because the per dependent income tax deduction delivers relief inversely to need. That the richer you are, the higher you are in your tax bracket, the more real money you get to raise your children. But if you are in the marginal, low, or moderate income groups, the tax deduction means very little, so that maybe a laundry worker will get $150 off their taxes for each child, while Henry Ford will get $450 or $500 in real tax savings per dependent under that proposal. We have tried giving a tax credit instead per dependant, so it's real money, real relief for families that are working of moderate low income. We've made progress in the law with a $35 credit, in addition to the deduction. The President proposes to dump all of that and go back to the old deduction idea, and take several billions of additional dollars and make certain that they flow inversely to need.

And he would cut out food stamps, especially for the working poor. He would cut our school lunches for the children of the working poor. And so that everything that you look at here--someone saw to it that they didn't make any mistakes--everything says that if you are a moderate or a low income worker in this country, by all means, stop working and go on welfare and let the government take care of you. And if that makes sense, I don't know anything about what's good in this country. So I think that budget is the challenge and we must work on it.

Secondly, we meet at a time when nationally forces that we are not yet capable of fully describing but appear to make up some of the traditional extremists and irresponsible right wing elements of this country, have begun an attack on the child and family services act to the proportion that I have not seen in the over 20 years that I've been in politics.

They have distributed a piece of literature, unsigned, which claims that this legislation would do everything that would scare any decent parent. Number one, if the government doesn't like how you are raising your children they can send in a czar to take over and run it for you, that your children could refuse to take religious instruction, go to church, the rest. That the farm family could not have the traditional discipline it must have in the course of raising a child, and so on. I don't know if you have all seen that piece of literature. If you are from Minnesota you've seen it again, and again, and again. It's like hoof and mouth disease, you don't know where it came from, you just know it's spreading and it's not good for you.

And that attack is finding supporters. We receive close to 500 letters a day, hundreds of phone calls, and my colleagues tell me that if they get any more I'm going to have to start answering their letters. Just mail by the thousands, pouring in to the Senators from around the country. I think we had over 30 co-sponsors for the bill when we introduced it a year ago. The last time the bill passed the Senate in 1972, it passed by a vote of 73-12 with a majority of both political parties supporting it. Today if we were introducing it I doubt if we could get 10 co-sponsors and I am afraid it would not pass. And that's because this propaganda has traumatized Americans and managed to persuade millions of, at least hundreds of thousands of de-

cent Americans that there are actually people in this country who would form a legislation that would try to destroy the family as an effective unit in American life.

And the irony is that the whole idea behind the bill is to build on the family, to strengthen the family, on a totally voluntary, locally controlled basis. As a matter of fact, every time the bill has come on the floor, most of our efforts have dealt with beating off amendments that try to undermine parental authority and the authority of local units and to shift that authority to more distant governmental units.

And so I would hope that one of the discussions you might have during this conference is how you meet those issues and how you counterattack. Because I am quite certain--and we have been through a lot in the many years we have worked together--that if this attack in the long run is as effective as it is as we meet tonight, the chances for any substantial progress in children's legislation for a long long time will be effectively destroyed.

One test was the other day when we were passing the amendment which Senator Long and I worked out to try to meet the problem of day care standards in America. Now that issue is before us as we meet and the House-Senate conference on the Senate adopted bill will begin tomorrow afternoon.

As you know the day care standards were established in 1968. But the day care standards were not mandatory--at least they were not enforced in a mandatory fashion--so that while some states slowly moved toward those day care standards, many other states totally ignored them or virtually ignored them. And in adoptions the new Title XX to the Social Security Act we included, as one element in the compromise around which the governors and the local governments and so on, joined, an agreement on some watered-down but still crucial minimum day care standards as a condition to receiving Title XX aid for day care.

I feel very strongly about standards. I have never really been very excited about day care. But the fact is, and you all know it, that nearly half the families in America have both parents, or the only parent, working. And many of the families in this country are so beset by inflation and costs that they simply cannot meet the needs of their children without working. A rising number of families have only one parent, and many of those families are at or near the poverty line and they have to work or they have no alternative except welfare.

And so what then happens to children. Well, the easiest thing is to ignore the kids. As one of my colleagues once told me a long time ago, "Remember, Fritz, kids don't vote." It's so easy to go somewhere else and just let this next generation suffer without care, without interest. We had a big fight on the Senate Floor on these day care standards and one of my colleagues said, "There's no evidence that these children need this kind of staff around, even in their tender years; the experts are in disagreement." I said, "Well, there are a few who say that kids don't need this, but I would ask you to go to any decent mother and ask her whether a three year old child should be away from her 8 or 9 or 10 hours a day with little attention, no love, no support. She may not be the kind of expert you're talking about, but I don't think there is any mother in the country that would want her

child to be in a cold, custodial, unsupportive, unloving, unhealthful place. If that's good for children, then all of human understanding is a fraud."

And that's why we fought as hard as we did to retain these day care standards, and to finally put money where our mouth has been and send enough money to these states and these local governments and these day care centers to permit them to hire the additional staff that they need to make certain that our children are not damaged. That bill passed the Senate last week. Now I want to point out, to show what's happening, that the last time we debated day care three years ago, these standards were adopted by a vote of 67 to 20. This year we defeated a motion to delete the standards by 53 to 37 and many of the Senators came up just before they voted and said, "Is this that family bill I'm getting mail on?' Because they're getting scared that the public doesn't want anything to do with these programs.

And that's why you meet, really, at a time of crisis in the future of these children's programs. Now this Monday we meet in the conference committee and I hope that some of you will take a little time out and call your Senators and your Congressmen from your districts and ask for their help. The money that's in this bill is within the budget ceiling, we took care of that when the last budget was developed and the record clearly shows it. There will be some members of the House that will argue that it is not, but they are wrong. And some will say that it's against the rules in the House to accept this amendment, and they are using that to try to avoid the issue. The conference report, if we are successful, can go to the House Rules Committee and get a rule that permits it to go on to the Floor immune from any points of order. So I would hope that if you talk with your senators and your Congressmen that you would urge them to adopt this measure and send it on to the President. The members of the House Conference Committee are Ullman, Corman, Wrangle, Stark, Waggoner, Schneebeli and Vander Vagt. And I would hope that if any of you are from their districts you might call them and tell them how much we need their help.

Well, we've been through many issues together over the years. I don't regret a moment of it. And I have a feeling that if this organization and the others that are working so hard will keep at it, the country will come to its senses and we will really do what we should have done all the time and that is give each child a chance for the fullness of American life.

I can't think of any year in which to meet that commitment that's more appropriate than 1976, the 200th year of our country. Marian Wright Edelmon testified to our sub-committee a few years ago. "Children take up 10% of the federal budget, she said" although they make up 40% of our population and 100% of our future."

And I believe it's time for the budget to reflect the central importance of children in families in our society. Because really, of all the demands on the budget, one that cannot wait is our children. As the great Nobel Prize winning poet put it, "Many of the things we need can wait, the child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer tomorrow. His name is today." Thank you.

Address By: Dr. Kenneth Keniston
Chairman, Carnegie Council on
Children

Morning Plenary Session
February 2, 1976
"Issues and Options"

FAMILY INCOME SUPPORT

The Carnegie Council on Children began as a group concerned with the needs of children in coming decades. Our concerns soon widened to include the well-being and integrity of families, in which most children grow up today, and in which we believe most children will grow up in the foreseeable future. We define families broadly, to include not only the isolated nuclear family that is the ideal middle class model, but single-parent families, chosen families, adoptive families, and so on. The well-being of most children depends in large part upon the well-being of these families; therefore, those who are concerned with children must seek to support the vitality of American families.

In considering the needs of families, we were inevitably led to consider the family's economic position, and the role of jobs, and work practices in the lives of parents. One flaw of our traditional approach toward families and children has been to concentrate too exclusively on the provision of services, some of which turn out to be a way of undoing the damage done by an economic system that fails to provide millions of families with jobs, a decent income, and work that can be combined without undue conflict with parenting. In the end, we believe that no proposal to extend services can be adequate unless it is accompanied by economic supports for families.

Were there time, I would have liked to talk about some of the outdated assumptions we as Americans bring to most discussions of children and families. I would like to talk about the myth of self-sufficiency, and how, even in today's interdependent world, it leads us to define families that admit to needing help as inadequate families. In fact today, all families need help in raising children, and the chief difference is between those families who can afford to pay for necessary services and those who cannot. I would also like to talk about the myth of equal opportunity through schooling. That myth still leads us to defer our dream of a more just, more equal society, placing on schools and on children the burden of correcting--sometime in the future--the inequities of our society today. And I would like to talk about how the power of these highly individualistic myths blinds us to the role in our lives and in those of our children of economic and social forces, leading us to blame individual parents and children for the effects on them of these impersonal forces. I would like to talk about the myth that we live in an essentially open, classless society. In fact, ours is a two-track society wherein the lives of the poor and the non-white differ qualitatively from those of the non-poor and the white, and where most of those born into the bottom track are socially condemned to remain in it.

Most important, I would like to argue that many (perhaps most) of our social programs affecting children and families--from the welfare system to the health system to the school system--have the perverse effect of consolidating this two-track system, providing inferior and stigmatizing sources of income and services for those in the bottom track and convincing many children that track that they deserve to remain there because of their inadequacy, inferiority, or stupidity.

But there is no time, and I will have to stop with these hints of what I take to be the false myths that underlie some of our traditional thinking about children and families.

One point, however, I must address: that is our operational neglect of the powerful role of economic forces in the lives of children and their families. I call it "operational neglect", because of course we all pay lipservice to the role of jobs, work, and income in family life. But when push comes to shove, what we do--how we operate--has little to do with this lipservice. Instead, we fall back on a long American tradition of trying to solve social problems by reforming, educating, and uplifting individuals. In practice, we forget what Bronfenbreener calls the "ecology" of family life and child development, and devote our greatest energies to changing people. The fate of the War on Poverty is a case in point: it produced admirable programs like Head Start, aimed at improving children, along with good job-training programs, aimed at improving their parents. But in the end, it did not produce jobs and it did not produce income and it did not make a significant dent in the restrictive practices that bar women and minority group members from a fair chance in our economic system. The War on Poverty is the rule not the exception. Most efforts to help children and families have tried to reform the victims, not change the forces that victimize.

The hard fact is that of all age groups in America today, children are most likely to live in poverty--whatever measure we use of poverty. And the equally painful fact is that every index of distress in children and families is strongly correlated with poverty--from infant mortality to school failure, from family breakdown to child abuse, from malnutrition to mental retardation. No one would rush to claim that poverty is the sole, simple cause of all problems of families and children. The children of the rich and super-rich have their problems too. But not so oddly, they seem to have fewer problems, and to be able to find more effective help in solving them. So even if poverty is not the only cause of the problems of children and families, it is a cause a major cause.

And what causes poverty, or near poverty, or inability to find the resources to sustain family life and the healthy development of children? There are many theories, all with some grain of truth. But the odd thing is that these theories, however profound, often forget the obvious fact that the only thing all poor and near-poor children have in common is lack of parental income. In our society, for better or worse, income is both a requirement for buying the goods and services necessary for a minimally livable standard of living, and a powerful symbol of personal worth, merit, and virtue.

There is no need to belabor the obvious before this audience: just try living for a year or so on the poverty line income, or even the Department of Labor "Mimimum budget", for a family of four. See what it does not only to the material conditions of your family life, but to your mood, your feeling about yourself, your responsiveness to your children. And watch especially what happens during those crises that inevitably beset most families--parental or child illness, unemployment or job frustration, parental discord. You all know the consequences: both children and parents suffer. Or try getting good health care when you can't pay for it; try finding decent child care when you can't afford it. And finally, recall that family poverty is a relative concept, related to family need. Ninety-five percent of American families are "poor" if they have a severely handicapped child who requires special education over a period of years. Only a handful of families have enough savings or insurance to tide them over a year of parental unemployment.

My point is really a simple one. Children need many things in the course of their development: love, responsiveness, guidance, continuity of care, physical vitality, adequate nutrition, health care, parents with self-respect, and so on. Parental income cannot guarantee any of these. But low income makes every one of them more difficult, more problematic.

The social causes of poverty are not too hard to discern. First, millions of American parents who want to work cannot find jobs. Second, millions of others who do work cannot earn enough to provide even a minimal standard of living for their families. Third, there are millions of parents who cannot work and should not be forced to work (about 50% of welfare recipients, for example). And finally, there are millions of parents for whom the inflexibility of existing work practices requires an impossible choice between neglecting their children and earning a decent living. These are the problems that the economic component of a policy for children and families must address.

In discussing these issues, I must disqualify myself from any special expertise. We have perforce become amateur economists because our analysis has led us to conclude that changes in the economic status of families are essential if services are to do their job properly. But for all of our efforts to inform ourselves in the area of economic policy, we are well aware of the gaps in our own knowledge, and in some cases, of the deep controversies that divide economists and politicians on these issues.

Very briefly, let me suggest some of the lines of our present thinking about long-term goals that seem to us vital components of any national policy to support children and their families. I should note that although I am borrowing heavily from discussions of the Council on Children, the following comments are not necessarily a portrayal of the Council's final views. Furthermore, the Council itself will also address the question of services, which others have been asked to discuss at this meeting.

First, we would emphasize both <u>full and fair employment</u>. Imagine American society if there were jobs enough for all those who were willing and able to work, if these jobs paid a decent income, and if access to jobs and promotion were without any discrimination based on race or sex. Parents who wanted to work could find jobs, minority group members and women would not face the job ceilings and promotion barriers which they now encounter in virtually every occupation and profession, a family could live at a minimally decent standard of living on the wages it earned from work. Tens of millions of American children would benefit. But as a nation, we have never truly committed ourselves to full employment, tolerating instead unemployment levels 200 and 300 percent higher than those found in other industrial democracies. Even today, in a period of extraordinarily high unemployment, we have yet to muster the political will to commit ourselves to a job for every American who is willing and able to work.

What might the outlines of a full and fair employment policy be? For one, we must go beyond the traditional emphasis on job creation and job training programs as "emergency" or "crisis" measures. Unemployment has been high, relative to comparable nations, for more than 20 years in this country. We believe that our long-term goal should be an economy that tolerates only "frictional" unemployment--that is, inevitable unemployment caused by changing jobs, seasons, or locations.

Second, jobs held by Americans who are responsible for the upbringing and care of children should provide a decent wage, one that approximates the Department of Labor's minimum budget for a family of four. This amounts to approximately 50% of the median family income, that is, about 50% of $14,000 a year, or $7,000. Seven thousand dollars a year is hardly a princely wage for a family of four. What is shocking and intolerable is that so many million children today, with parents working full time, fall so far below even that modest figure.

Third, we believe that a full employment policy must include a least three strategies. First, fiscal stimulation of national growth of the economy as an overall measure to promote the economic well-being of the country; second, public stimuation

of the private sector through public action to create socially useful jobs; and third, direct public employment, as necessary, especially in providing human services, as a means both of creating jobs and of providing Americans the services that so many now find impossible to obtain. To rely on economic growth alone, on stimulation of the private sector alone, or on public job creation alone would be a mistake: all three strategies are complementary and necessary.

Fourth, any employment policy must attack head-on the problem of racial and sexual discrimination in work--that is the problem of fair employment. Obviously, vigorous enforcement of existing laws and more adequate funding of state and federal fair employment practice commissions is called for. But beyond that, stronger affirmative action, with vigorous searches for qualified minority and women candidates for all positions and promotions, must be insisted upon. Equally important, given the historic patterns of discrimination against non-whites and women, are efforts to enlarge the pool of eligible non-white and female applicants for higher level jobs. Without such steps, we could well be left with a society that offered jobs to all American families, but that still relegated non-whites and women to the economic bottom of our society.

The second main component of any program of economic support for children and families must be a back-up program of living standard supplementation or income supports. Parents who cannot work or should not be required to work must have a standard of living that enables them to raise their children with some dignity. Economists and politicians have been discussing such support for many years: there exist dozens of plans for supporting the incomes of those at the bottom of the economic hierarchy. Our long-term national goal should be to supplement full and fair employment by income supports not significantly below one-half of the median income.

Both politics and justice require that any income support program have a number of features. Income support should aid, to some degree, all families whose incomes fall below the median income, avoiding the sharp cut-offs, high marginal tax rates on earnings, and work disincentives present in the existing welfare system. It is ridiculous to claim that those whose incomes fall one hundred or a thousand dollars above the poverty level do not need income supplementation because they fall above an admittedly arbitrary cut-off line. Politically as well, it is essential that income supports benefit a majority of the population, providing diminishing but nonetheless tangible benefits to families up to and including those of median income. The costs of such a program--which would be considerable--should be borne largely by those whose incomes fall in the top ten or twenty percent of the population. Again, economists and politicians differ as to the best way to provide the funds; Increased progessive taxation with closing of tax loopholes that currently benefit largely the very rich seems indicated.

The third component of a policy of economic reform must be an alternation of work practices to enable parents to combine meaningful work and effective parenting. The most important ingredient of altered work practices involves the scheduling and timing of work, both on a daily or weekly basis, and in terms of each adult's life cycle. On a daily and weekly basis, we need increased opportunities for part time and flexible employment, especially for parents with young children. We need, for example, to permit working parents to take sick leave when their children are sick. We need work schedules that take into account the desire of parents of school age children to be home when their children are home. In short, we need work policies that are deliberately planned so that workers can combine work with parenting, rather

than having to choose between the two. Benefits currently available to full-time workers must be extended on a pro-rated basis to part time workers must be extended on a pro-rated basis to part time workers as well, including sick leave, health insurance, Social Security benefits, and paid vacations. Other nations have shown that flexible work scheduling, part time work, etc., are not only possible but economically feasible and indeed productive. We need to begin to experiment and act on this front.

In addition, many parents withdraw from the labor force when their children are young so as to devote full time to the care of their children. At present, economic pressures conspire to make them pay an excessively high price for leaving the labor force. We need much more conscious public policies that facilitate the re-entry into the labor force of parents who have withdrawn from it. Long-term parenting leaves, job retraining and skill renewal programs, reemployment without penalization for withdrawal from the labor force are all obvious steps in this direction.

The goal of both private and public policy in this area can be simply stated: it is to enable parents better to combine parenting and work. It is to place the role of parent in national economic policy where it stands in our national rhetoric: as an honorable, valid, and socially useful role. It is, in short, to broaden the range of significant parental choices, minimizing the pressures that require parents to work at the expense of their children; or to care for their children at the expense of working.

If time permitted, I should discuss the relationships between these three facets of a policy of economic support for American families--full and fair employment, income supports and flexible work practices. They are complementary rather than opposed. To cite but one example, the existence of adequate income supports all American families would make it less necessary for a single parent who wished to devote herself or himself entirely to her or his young children to work solely out of economic pressure. Income supports would also create political pressures towards full employment, since the alternative to full employment would be heavy public expenditures in the form of income supports for the unemployed. There are also important budgetary relationships between the several components of an economic policy for families and children. For example, a society in which there was decently paid work for all those who needed it would be a society in which the costs to the public for income supports would be greatly diminished. The higher the level of employment, the less need for and cost of a supplementary program of income support. The best way to reduce the costs of any income support scheme will be to provide work for the overwhelming majority who wish to work.

I have deliberately chosen to imagine a society much better than our own. And in so doing, I have temporarily put aside my awareness of the political and economic obstacles that lie between us today and that better society--lack of political will and, according to some, the lack of the money, necessary to institute such programs.

We are well aware of these constraints, but we believe that in each area, it is possible to set in motion a process that makes the attainment of the ultimate goal of providing economic support to families more likely. For example, amongst the many employment bills currently before Congress, there are some that embody the basic principles I have enunciated. And both major parties have in recent years put forward income support schemes--President Nixon's Family Assistance Program and Candidate McGovern's income redistribution scheme. Many private industries are experimenting with part time flexible work practices, finding them not only pleasing to their

employees, but productive to the firm. No sane person expects that Congress will enact into law this year all of the proposals I have advanced. But in every area, it is possible to begin now, modestly perhaps in terms of funding levels, but on a sound basis that would permit more adequate funding as political support grows and larger funds become available. In practical politics, uncompromising insistence on all-or-nothing usually means nothing. The short-term goal of child advocates should not be "all", but to make a beginning in the right direction now, and to push for more extensive economic supports as time passes.

In each of the three areas I have discussed--employment, income, and work practices--there are important political and economic questions that deserve greater attention than my allotted 30 minutes permits me to consider. For full employment, these include controlling the inflationary potential of full employment and developing effective means of creating useful jobs; for income supports, these include above all how best to revise the tax system so as to fund income supplements for those in the bottom half of the income distribution; for flexible work practices, these include an analysis of the costs, in terms of overall efficiency and labor productivity, of flexible work scheduling. The problems are complicated, but not in principle without solution: we should be addressing these problems directly when we talk of supporting children and families.

Others will be speaking about two of the most essential services for American children and families; child care and health care. I will not attempt to anticipate what they have to say. All I wish to emphasize is that a policy of expanding services and policy of increasing economic supports to American families are not only consistent with each other, but are mutually necessary.

Consider, for example, the issue of child care. And let us imagine, for a moment, that all the long-term targets I have mentioned in the economic area have been achieved: full and fair employment, a back-up system of income supports, altered work practices. As far as children and families go, these policies would be ineffective unless they were accompanied by the expansion and upgrading of child care facilities. Without child care facilities, children will either be neglected or else at least one parent--the only parent in a single parent family-must stay at home. The extension and support of child care is a complement to economic support for American families.

The connection between economic change and change in the service system is budgetary as well as operational. Full employment at decent wages would enable more American families to pay more of the costs of child care from their earned income; the need for public subsidies for child care would diminish. Similarly, adequately income supports might well permit larger number of parents, and especially of single parents, to choose not to work when their children are young, reducing the need for child care outside the family. More flexible work scheduling would obviously reduce the need for and the costs of full time child care.

Advocates for children sometimes view each proposal for supporting children and family life as somehow competing with each other proposals: for example, those who favor increased support for child care sometimes oppose those who favor income supports. In the short term, these oppositions are easy to understand, for advocates of publicly supported childcare and advocates of income redistribution are both competing for the same limited budgetary pie. But these are short term conflicts; arguments over strategy and timing rather than arguments over principle. In the end, we need both more adequate income supports and universal access to the services that all children and families need; economic change and change in services require each other.

I earlier noted that public policies that affect families and children have evolved from the myth that there are two quite different kinds of families and children--adequate families that do not need help, and inadequate families that do need help. Starting from that myth, we have evolved a two-track system, one track involving inadequate public assistance, the other involving essentially private or non-governmental means of gaining income and reliance on the market for services. Public policies perversely act to serve to perpetuate the tracks, condemning a significant majority of those born into the bottom track to a permanent place there. A prime goal of public policy for families and children--and indeed in other areas as well--must be to create a single track for all families and children, one that combines the strengths of both of the existing streams. All Americans should have approximatley the same range of significant choices.

In moving toward change in our present two-track society, both economic change and more adequate provision of essential services are needed. At present, social services are too often a way of applying band-aids to those who lack adequate economic support. The result is a perversion of services. Child care defined as a way of relieving poverty and racism by pushing poor and non-white women into the labor market; publicly-supported health care becomes a way of undoing the harms caused by bad housing, inadequate income and malnutrition.

Those who devote their lives to the improvement of services should not be deflected from their efforts. But they should, whether as professionals or private citizens, also reflect upon the economic conditions that create many of the problems they are called upon to solve, and work toward the long-term goal of a society in which all American families and children have available to them, as a mater of right, both a decent standard of living and those services that are essential in modern America to bringing up a family. To squabble about alleged conflicts between economic and service supports for children and families is a waste of energies that are needed for other causes. If there is ever to be an effective children's lobby--and the National Council of Organizations for Children and Youth might become such a lobby--that lobby must work both for better services and economic support.

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A BICENTENNIAL GENERATION OF HEALTHY CHILDREN

In these days of discouragement over national leadership on behalf of the health of America's people- and especially her children- a harsh irony attaches to the observation that comfort derives from that remote source of faint inspiration, Herbert Hoover. In words spoken in the midst of the nations darkest hours of deprivation and depression, he reported:

> "If we had just one generation of properly born, adequately educated, healthy children, developed in character, we would have utopia itself".

On an earlier occasion he observed:

> "A good many things go around in the dark besides Santa Claus".

Any child who comprehends the impact of President Ford's recent budget message on health services understands that Washington is full of lumpish figures moving around in the dark- and there is not a Santa Claus among them!

Analysis of the Administration's proposed budget for 1977 is instructive with regard to priorities as they involve children, especially poor children. Comparisons of federal health care outlays between 1975 (actual) and 1977 (proposed) reveal the following:

- 71% of the federal health outlay will go to the non-indigent
- 56% will go to people over 65 years of age
- only 9% will go to children 0-18 years of age

Total increase, all recipients	- 27%
Increase for 65 years and over	- 29%
Increase for non-indigent persons	- 29%
Increase for indigent children 0-18 years	- only 15%

Funding programs for which children and indigent people qualify are restricted by rigid budgetary ceilings; funding programs for the non-indigent remain open-ended. Much popular resentment attaches to subsidies for the poor. Note should be taken that for every dollar of federal outlay for the health of the poor- three federal dollars are spent on subsidy to the non-poor. The proposed new budget will increase federal health care outlays to the non-indigent more substantially than to the indigent- and to poor children least of all.

Advocates on behalf of children have struggled for most of this century to achieve for children a measure of protection that other societies have given willingly. Basic to these efforts is the conviction that children require programs and finance that are special to them. When children participate with their elders in public service programs, the children get pushed aside; they are

elbowed to the end of every queue. No proof of this phenomenon is more poignant than experience with America's most recent efforts to improve access to medical care.

Ten years ago the nation enacted Medicare. Essentially it is a form of health insurance that contributes to payment of medical bills for everyone over sixty-five years of age, rich and poor alike; nearly all eligible people are enrolled for benefits. At the same time the nation enacted Medicaid, also a measure that pays medical bills. It is the country's major form of medical assistance for which children can qualify; but only the poor are eligible. Regrettably enough, only about half of all poor children are enrolled to receive benefits; in many southern states the ratio is closer to one out of ten.

Older people who are poor qualify for both Medicare and Medicaid. The elderly have been much more successful at enrolling for Medicaid benefits than have children. Seventy percent of poor people over 65 years of age are enrolled for Medicaid; their payments averaged in 1970 $527 per recipient. Only half of the poor under 21 years of age were enrolled that same year, and their payments averaged only $126. Texas, Louisiana, Mississippi, and Alabama each enrolled a disappointing eight to eleven percent of their poverty level children in Medicaid. These same states enrolled from 40 to 90 percent of poor oldsters. The country over, one-third of all available Medicaid funds are spent for nursing homes and long term intermediate care, largely for the elderly. In 1974 persons under 21 years of age made up 44 percent of the user population, but received only 22 percent of Medicaid benefit payments. Children are pushed to the end of the queue.

The unmet health needs of children are still very large. The program of early periodic screening, diagnosis, and treatment was to have been implemented under Medicaid for poverty level children. Congress authorized and funded the program in 1969. So far only about 10 percent of eligible children have been reached. The outlook for the future is not promising. Many states are cutting back on benefits for children as nursing home care absorbs a growing share of available funds.

Comparing health expenditures for children with expenditures for their grandparents is considered bad form. Both groups are deserving and they should not be made to compete with each other. But in sad fact they do compete because our major program of health assistance for which children qualify places them in competition for the same public dollars with their grandparents who also qualify. I report that sad circumstance but do not advocate it. My plea is that children require special program and special finance because they have special needs and because they cannot compete successfully for resources against their elders.

Confirmatory evidence of children's taking the hindmost is offered by experience in Canada. With introduction of "free" medical care in Quebec the number of physician visits per person each year remained constant but were shifted from those in higher to those in lower income groups. But disturbingly enough there was a decline of about seven percent in physician visits for ages under 17 years. Enterline concludes that the decline "may reflect inability of this age group to compete for services." Children in Newfoundland and Labrador were

protected from such crowding out. A children's health service was established there in 1958. Later when a health insurance program was established for all ages, special benefits and services for children were retained.

When Dr. Helen Wallace studied children's health services in Scandinavia and Western Europe, she found that programs of national health insurance and service that were designed for all people did not supplant special programs for children. Such programs in fact were required to be strengthened. Dr. Wallace wrote of other countries,

> "...Their experience indicates that there is still need of support of certain specific services for patient care.
>
> They include:
>
> 1. Basic preventive services of prenatal care, postnatal care, infant and preschool health supervision, contraception, abortion, the school health service, with emphasis on health assessment, screening, health teaching, and health care.
> 2. Special diagnostic, treatment, and rehabilitation services for handicapped children and their families.
> 3. Special services for high risk mothers and infants, through the development of regional perinatal centers,
> 4. Special health and social services for mothers, children, youth, and families in trouble."

Almost equal portions of the American population are aged under six years and over 65. These portions receive no where near equal shares of the nation's resources and benefits; the elderly receive vastly more. That circumstance may relate to differences in cost, or need, although note should be made that the unmet health needs of our nations children are desperate. Favor to the elderly in distribution of health benefits probably has much to do with voting power, and the age of decision makers who distribute the nations goods and services. Our society does not begrudge necessary benefits to any among us; but we should terribly resent inattention to its most vulnerable members, our nation's children.

Who cares for children? Not anyone very much, although their unmet needs are well-known to society at large and especially to parents of young children. How can their needs impact more powerfully on the nations political processes in order to invoke a responsiveness that protects child health, assures social and intellectual fulfillment of children, and thereby protects the future of our society and nation. For a quarter of a century our nation's politics have been dominated by efforts to preserve our ways against the presumed threat of domestic or foreign intrigue. Vast sums are spent on America's military and policy adventures in Asia, the Middle East and Africa. A far greater threat to America's future is represented by neglect of our children. A modest amount of money would protect that future. It is indeed a political issue, for politics is the device by which influence and power are distributed. A claim to power by a children's crusade against our capitols of state and federal government is scarcely feasible; we require instead a crusade of advocates on behalf of children- lead by organizations such as the ones assembled here today.

Many agencies with diverse interest appropriately are concerned with the health of children. Prevailing concepts on what constitutes good health give ample scope to them all. The nature of health, defined by the World Health Organization nearly 30 years ago, is well known and has yet to be improved upon:

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Services necessary to achieve that state on behalf of a generation of healthy children deserve to be equally well known. Expert committees of the World Health Organization have defined ideal maternal and child health services as those which ensure that

1. "...Every expectant and nursing mother maintains good health, learns the art of child care, has a normal delivery, and bears healthy children.

2. Every child, wherever possible, lives and grows up in a family unit with love and security in healthy surroundings, receives adequate nourishment, health supervision, and efficient medical attention, and is taught the elements of healthy living."

To these two ideals, many experts would add a third to provide that all pregnancies are wanted and planned by couples who are in physical, mental, and socioeconomic circumstances favorable for rearing children.

Herbert Hoover's generation of healthy children will not spring only from better medical care or better education or better community supports to the family. Many efforts are necessary. Conspicuous among them must be efforts to improve nutrition. Malnutrition is not uncommon among children in the United States. As many as fifty percent of poverty level children suffer nutritional anemias. Growth stunting from poor diets is prevalent: in some surveys twice as many American children as could be expected from growth norms are packed into the lowest percentiles of height and weight. These are the same children who are most likely to be damaged or unfulfilled intellectually. About seven percent of all children raised in poverty are regarded as retarded; children from poverty are fifteen times more likely to be diagnosed as retarded as children from high income families. The scope of the problem is great; nearly nine percent of all white children and more than a third of all black children are raised in poverty.

Malnutrition, impoverishment, racism, inadequate housing, and accidents from automobiles and poorly protected homes - these are America's most conspicuous hazards that jeopardize the health of children.

When considering older populations new attention focuses on personal choices of behavior as determinants of health: intemperate use of alcohol, cigarette smoking, lax habits of diet and recreation, violence associated with handguns, and the automobile. These circumstances, along with work related and industrial hazards, emerge as the leading determinants of disease and premature death. A national perspective emerges that if only people would pull up their socks and behave properly, major health problems would be solved. It is a conspicuous example of blaming the victim. Society provides a cultural ecology that encourages much of the disadvantageous behavior for which people are criticized.

Handguns and powerful automobiles are readily available and their reckless use is glorified through entertainment media. Deleterious and violent behavior patterns may be less a matter of personal choice than a matter of conditioning from a society in which the most potent educational efforts for behavioral change are designed, not to improve health, but to sell goods. The health outcomes of advertising come under negligible scrutiny, conceivably to the detriment of many causes such as rational problem solving and sound nutrition.

Children are the most vulnerable victims of all in a cultural ecology that is detrimental to health. The behavior patterns of children especially are adopted not as a matter of deliberate choice, but as a consequence of the cultural and social circumstances into which they are born. Efforts to improve health are legitimately diverse; many of them will be directed toward helping families provide a more supportive ecology for young children. The exercise of public responsibility to aid parents and children is sometimes regarded as destructive of the family. Alternative emphasis holds greater validity. Continued strength of the family is absolutely dependent on expanded community supports and services.

Herbert Hoover's Secretary of the Interior understood these relationships when he reported the following:

> "In a word, parental responsibility is moving outward to include community responsibility. Every child is now our child. We have injected so many artificial conditions into our industrial civilization that the old normal relationships of mother and child, child and family, family and neighborhood have been changed. There is now a much less direct struggle with nature and her immediate forces than has ever been the situation before in our country. We have softened this struggle for man by all forms of protection - better houses, better clothing, more and better food supplies, and better preventive medicine and better medicine and sanitation in general. All of this has called for a delegation of functions, once performed by the individual in the home, to all sorts of outside dependencies."

Mr. Wilbur expanded this concept:

> "It is probably true that it is beyond the capacity of the individual parent to train her child to fit into the intricate, interwoven, and interdependent social and economic system we have developed. Since we as an organized people have definitely taken on the responsibility, we can only make good in it by the use of those specially trained men and women requisite for the work and we must have them always in touch with the very best that experts can discover. The parent plus the community must be stronger than either the parent or the community alone. Sympathetic mutual understanding of the division between them of the responsibility for the child must be the order of the day."

When considering advocacy for children's services, especially in the context of inter-relationships between community and family, new attention should be directed to parents and parent groups as advocates on behalf of their own children. Consumer groups could be aided in this effort if they were provided with additional tools - perhaps some indicators by which community health needs and services could be assessed. Use of such devices by consumer groups could help them to measure local health problems, and could help identify services that are required to solve the problems. The indicators could be developed in such a way as to suggest high priority targerts for initiatives of community action. Sunshine laws that open public records to scrutiny now facilitate these efforts. A demystification of health care provides additional help. Many aspects of health care can be readily understood and acted upon by consumer groups. Lee Schorr and I have begun discussions which we hope can lead to development of scoring devices by which parents can better understand and influence health services in their own communities.

Against these perspectives medical care may not be the most decisive influence for good health on behalf of many children - but it clearly deserves increased attention. We should not be forced to choose from among essential services to children. Our society is rich enough to do a better job at all of them, including medical care.

Although children have benefited from Medicaid relatively less than their elders some beneficial trends are unmistakeable. Poor children, black children, and rural children have increased their utilization of medical services under assistance provided by Medicaid. Although socio-economic differences are still enormous there has been a trend under Medicaid toward evening out these differences.

Children of America have had experience with another major effort to improve medical care. It is Title V of the Social Security Act. Since 1935 the Act has provided formula grants to the states for implementation of Maternal and Child Health Services. Services ordinarily included are perinatal and well child care including immunizations. States have been permitted wide discretion on the scope of the programs which were developed. The benefits have been at best uneven. An intensive study of the Title V Maternal and Child Health Formula Grants in one state concluded, consistent with earlier comments, that children get crowded out of services, and that only seven percent of the formula grant funds had been used for general support and administrative costs of the State Health Department. That endeavor represents a worthy cause, but in this instance it pre-empted funds that were intended to help children, and that is not a worthy practice.

Another study reviewed available data on the health improvements among mothers and children that could be attributed to the formula grants of Title V. That author concluded as follows:

> "There is ample reason to be concerned that greater state discretion over the use of funds will reduce the effectiveness of the programs rather than enhance it. The programs over which the states have had the greatest control in the past have had the least demonstrable success in terms of providing high quality care that has markedly affected the health of mothers and children."

Another more recent component of Title V established special projects for Maternal and Infant care or for health services to young children. Grants were made directly from the Federal Government to community agency, sometimes a local health department. The local agency undertook to provide comprehensive services to a defined population. These services reached a relatively small number of people, but the results were most heartening. Populations enrolled in the projects demonstrated a reduced infant mortality rate, a reduced rate of serious illness, a reduced hospitalization rate, and a strikingly increased utilization of preventive services such as immunization. An impressive aspect of these benefits was the cost; continuous and comprehensive primary care was demonstrated to cost less per child each year than the fragmented, episodic and conventional care that most children now receive. Although time has been insufficient to measure long range benefits, the increased utilization of preventive services suggests that in time the cost effectiveness of the special projects will be even more impressive. These demonstration projects had relatively few years to demonstrate their effectiveness. They were discontinued as federal programs: the funds were included in block grants to the states with the provision that each state would be required to maintain only one of the demonstrations.

The Nixon-Ford administration places great emphasis on block grants to the states entrusting the funding of health programs to a local discretion that is anything but reassuring. The record of 30 billion dollars allocated during the first five years of general revenue sharing is instructive. Less than 10 percent of these funds were spent for social services. They have been used predominatly to reduce local taxes, or to prevent tax increases. One state used an entire year's allocation as a tax rebate to property owners. Captial improvements of a priority too low to command local tax sources have soaked up considerable shared revenue. Of greatest concern of all has been the lack of opportunity for significant citizen oversight of ex-

penditures. These funds become fair game for tradeoff in the games of political patronage. This is not a reassuring avenue for expansion of health services.

Local and state health departments play a large and constructive role in the delivery of personal health services. That role could be substantially enlarged and federal funds could appropriately be assigned that purpose, but only under the most explicit guidelines, standards, and review.

When considering new initiatives to improve health services for children, several characteristics should be emphasized:

1. Small children are heavily concentrated in families below poverty levels. Twenty-five percent of households with children under 18 years have incomes less than $8,000 per year. More than 41% of black children live in homes supported under poverty levels. Parents of young children are themselves young and not yet potent either in terms of earning capacity or political influence.

2. The need for health services among children is very great. Acute illnesses among children under 17 years of age is 45% greater than for all other age groups. Currently about 80% of acute illnesses in children are sufficiently severe to restrict activity; only 60% are medically attended.

The need for non-sickness care is even more compelling. About one-third of all preschool children in this country are inadequately protected by routine immunizations. In major metropolitan areas as many as one-third of pregnant women enter child birth without having had prenatal care, even though one percent study suggested that infant mortality rates might be reduced by as much as one-third if prenatal care had been adequate. In another study nearly half the babies from black and hispanic families received no well child check-up in the first 2 months of life.

3. The sources of medical care are different for children than for older age groups. A physician in private practice is the regular source of medical care for only 26 percent of low income children; a clinic is the source of care for 56 percent, and 18 percent have no regular source of care. Even among high income families one in five children under 18 years of age reported a clinic as the regular source of care.

Reports from the West Coast suggest the further decline of maternal and child health services among private providers because of the donnybrook around malpractive insurance. Some general practitioners are refusing to take obstetric patients because of the associated high malpractice insurance fees. Some pediatricians are refusing to involve themselves in neonatal care for the same reason. In consequence increased numbers of people turn for maternal and child health services to public providers of care, particularly to local health departments and their associated maternal and child health clinics.

Efforts to build care for children only around privately practicing physicians ignores existing patterns of care which are not easily changed. Haggerty reported that when Medicaid removed economic barriers to private health services, the poor children of Rochester did not change their patterns of utilization: they continued to make use of provider centers that were familiar to them.

Physicians render childrens' health services with demonstrable success. Well child care, perinatal services and most of the acute illnesses of childhood are successfully attended by midwives, nurse practitioners, and various physician extenders. These innovations in health manpower find most extensive application

in public agencies and institutional settings.

4. Childrens' health services are neglected in many indirect ways. Children are less well protected by health insurance than any other age group. Training programs to prepare pediatricians, child care experts, and primary providers who will include children in their service population - all are less well subsidized than more exotic medical specialities.

5. National health insurance in most forms under active consideration holds little promise for improving health services to children. Of course, the administration's most recent proposal for insurance coverage for the cost of medical catastrophes by-passes children all together. Only recipients of Medicare would be eligible. Once again the age group over 65 years, rich and poor alike, are benefited to the exclusion of children, seemingly ignoring the high proportion of young parents with low income levels.

Even if catastrophic health insurance were extended to cover children, the health benefits would be meager. Few children suffer from medical catastrophes. Catastrophic health insurance protects a few people against economic diaster; it does little, if anything, to improve the health of the population that is eligible for such protection.

Insurance plans with deductibles are a special problem for children. Deductibles discourage utilization of services by low income populations, the very group for whom greatest urgency exists. The interests of child health require greater accessibility to health services, not the erection of new economic barriers that discourage utilization.

Deductible payments are designed to prevent unnecessary and excessive utilization of health services. Not one shred of evidence suggests that children make excessive use of health services even when they are rendered at no cost. All available evidence indicates that under such circumstances a few more prople at the lowest income levels enter medical care - and for appropriate cause.

Summarizing the total anticipated effect of National Health Insurance of Childrens' Health Services, one economic analyst reports:

> "National health insurance may have little effect on much of childrens' Health services because current barriers to utilization are not largely price related, and childrens' health care is low price cost and largely predictable."

The great need for childrens' health is not a program that opens the door and awaits the arrival of needy children. The great and crying need in child health is for programs that reach out and involve children who cannot themselves enter the system and on whose behalf no present initiative is exercised to bring them in.

A recapitulation of experience with childrens' health services is in order. A dozen observations can be supported:

- American children are unfulfilled in health and in physical and intellectual achievement. They do better now than in years past, and they do better here than children in less privileged places but they are unfulfilled according to what we know to be possible for them - and they are unfilfilled as compared with children who live in some places that we fancy to be less privileged than here.

- Children thrive only under attentions that are designed especially for their needs.

- Children cannot serve as their own advocates. In competition for services children get crowded out by their elders.

- Many influences shape the health of children. Medical care may not be the most critical, but it is influential.

- Health services for children are low cost as compared with the needs of older people. ($167 per child under 17 years as opposed to $1052 per aged person in 1973.)

- The health needs of children are predictable. Programs designed to render complete services need not be jeopardized by unforeseen demands.

- The nation has accumulated favorable experience with demonstrations on how to render comprehensive health services at relatively low cost.

- Insurance is not a promising device for improving the health of children.

- The nation's experience has been poor when the discretion of state governments has been trusted to spend federally derived funds to serve the health needs of children. This administration's framers of block grants to the states, consolidating 16 different programs of health service, should take note.

- The parents and families of children suffer higher poverty levels than other sectors of the population. They also suffer the powerlessness that is associated with youth and poverty.

- Children are served by patterns of health care that differ from those of other sectors of the society. Public agencies and clinics are more important to children than to their elders.

- In maintaining the health of children and pregnant women, great importance attaches to routine services of preventive nature that are rendered as a matter of routine to everyone. Expert care of the sick has many important justifications; but the secret to effective maternal and child health is routine care to the well.

These experiences lead to the conviction that the interest of children, the nation, and of sound economy - all require that we establish a national health service for children and for women with regard to reproductive functions. Nothing less will do. Lesser measures will be wasteful of children and of money. We must regard childrens' health as the responsibility of government. Local government and private initiatives may go far to fulfill that responsibility, but only under the influence of federal government which serves as the residual guarantor of all essential services for all children. The Special Projects of Title V and the Physicians Service Corps are among the successful endeavors which demonstrate ways in which federal guarantees can be fulfilled. Other ways can be developed through collaboration between local health departments and federal government.

Medical evidence abounds that the health of children will be improved by a service program that reaches every child equitably. What is the evidence that such endeavors are economically sound? Marmor reports as follows: "There is evidence that where financing is concentrated and service programs are directly budgeted (rather than reimbursed retrospectively by insurance) expenditures and the rate of medical inflation are lower. This has been the case in Great Britain with its National Health Service. In the last fifteen years England has spent a third less of its resources on medical care and experienced roughly a third the rate of inflation of the other countries (Canada, Sweden, U.S.)."

In mid-January newspapers carried accounts of a House Sub-committee's report on unnecessary surgery that was reimbursed in 1974 under Medicare and Medicaid. Approximately 2.4 million surgeries were performed at a cost of 4 billion dollars and 11,900 deaths. The sub-committee urged DHEW to consider programs that provide salaries for doctors instead of fees for service, in the belief that the latter method of payment provided incentives too powerful for the public interest. I agree with the subcommittee's concern. I do not agree that unnecessary surgery and other medical abuses can be attributed entirely, as some analysts have recently suggested, to bad doctors. Doctors, good and bad (the former predominate by far), as well as their patients are victimized by a corruptive, profiteering system of medical care. A national health service for children - note service, not insurance - would correct these abuses; the billions of dollars saved from unnecessary surgery would pay a substantial part of the cost of a health service that emphasized comprehensive and preventive care.

To deny American children the health benefits of a national health service in the belief that the exercise of such governmental responsibility is somehow unamerican suggests willingness to sacrifice children for the perpetuation of somebody's concept of an economic system that simply does not work for health services as it does for distribution of other goods and services.

Herbert Hoover defined for us the goals we should seek in ways that make more recent pronouncements seem pallid. President Hoover's Charter of Children's Rights includes the following:

> "For every child full preparation for his birth, his mother receiving prenatal, natal and postnatal care; and the establishment of such protective measures as will make child-bearing safer.
>
> For every child health protection from birth through adolescence, including: periodical health examinations and, where needed, care of specialists and hospital treatment; regular dental examinations and care of the teeth; protective and preventive measures against communicable diseases; the insuring of pure food, pure milk, and pure water. FOR EVERY CHILD THESE RIGHTS REGARDLESS OF RACE, OR COLOR, OR SITUATION, WHEREVER HE MAY LIVE UNDER THE PROTECTION OF THE AMERICAN FLAG".

Those statements define for us a national childrens' health service. The American Flag has in recent times been wrapped around less worthy endeavors!

This endeavor would cost money. A reasonable estimate would be several hundred dollars per year for each child. Experience in the successful demonstrations of comprehensive health care to children suggests that figure. Full service to the sixty-five million children under 18 years of age would require a total expenditure of perhaps 12 to 15 billion dollars. That represents a small percent of the administrations presently proposed budget; it represents only about half of the increase in federal health outlays that were experienced between 1971 and 1977; it represents only about three times the cost of unnecessary surgery financed under Medicaid and Medicare during 1974. The major portion of a childrens' national health service would not represent new expenditures. More than half of it is already being spent as out of pocket expenses of medical care. Much of the remainder of the costs could be derived by consolidating present piece-meal and fragmentary public programs and payments for health care of children. Much of the money could derive from the 10 billion dollars proposed to be given the states in the form of block grants for health revenue sharing - a venture of dubious benefit judging from past experience.

The issue here is not so much the cost of rendering adequate health care to all children; the issue is how much could be saved by refusal to neglect children. Prevention of disease and disability, replacing life-long dependency with self-sufficiency and economic productivity: the savings would be enormous.

American democracy, triumph that it is, is flawed with respect to minorities, women, and other discriminated groups. Compensatory devices, such as affirmative action, have become a necessary and accepted feature of American life to correct the flaws of democracy with relation to educational and employment opportunities. It is time to introduce another compensatory device to correct the flaws of democracy with relation to educational and employment opportunities. It is time to introduce another compensatory device to correct inequity; a national affirmative action plan on behalf of the health of children.

These recommendations are not grandiose. They are modest and readily achievable. Bolder spirits than mine have recommended more extensive action. One of those spirits is Dr. Harriet Rheingold's, address entitled, "To Rear A Child", was presented before a meeting of the National Institutes of Health in May of 1971. I commend that address to you. I shall quote extensively from Dr. Rheingold reminding you at the outset that her considerable reputation for understanding the needs of children has been built on careful research that places high value on measurement. Dr. Rheingold does not easily move away from solid data when drawing conclusions. She said these things:

> "What are the demands of the times? The social ills have been enumerated so often they roll off our tongues like a litany: war, the poverty of 50 million people, their poor housing and health, crime, brutalizing treatment of prisoners, destruction of the environment, educational funds under pressure, cities desperate for help--I could go on. As a people we are better off in many ways than others, better off in many ways than in our past. We live at levels beyond the dreams of our fathers; dissent is still tolerated, and political freedom has survived. Yet what marks our times is the acute and painful awareness of not knowing what to do. We drift in lethargy, bewilderment, and near despair, and feel powerless to alter events. We believe our leaders, our politicians, when reason plainly

shows their shifting contradictions. We are unthinking and even stupid in our inability to foresee--let alone plan for--the consequences of decisions and actions until they reach catastrophic proportions. We consume technology breeds...

"It is foolish and irresponsible to blame our troubles on civilization, on the transformation of the economy by technology, on the military-industrial-government domination of our lives, on TV, the need to contain an opposing political ideology, on science, on pollution, on over-population. All these are manmade; all these are men and women behaving; none are the givens of life itself or the environment. Intelligence, foresight, imagination, responsiblity, and concern could have foreseen the consequences of our behavior, as indeed some of our social thinkers did foresee...

"I propose no less than a major mobilization of the resources of this nation, of men and women, of time and money. Are we a people who can commit all our resources only for war, for killing and not for living?
"How shall we start? First we declare a national emergency. The enemy is hatred, bigotry, selfishness, privilege, and stupidity. Next, we commandeer talent. We can volunteer or be drafted. We pay our fellow man and the future of mankind by a year or two or even three of every ten years of our lives...

"The rearers of children are entrusted with the care and training of our most precious resource. It must be clear to any government that the present state and future of that nation depend upon its people. From then come the leaders. Upon them depends obedience to the laws, upon them and not the experts come the acceptance or rejection of social values. The dreamers and the idealists only point the way; upon the people depends the following of any way. An educated, intelligent, responsive, and responsible citizenry is a country's greatest asset...

"The time is propitious. It is a time when despite its many imperfections the level of human welfare is higher than ever before and recognized for the first time as the legal responsibility of government. Man glimpses a new image of himself...

"The rearing of a new generation can provide that voice of moral assurance in an era of bitter doubt. A responsible people, free of prejudice, concerned for the quality of human life, will be able to revise our economic and political institutions so at last they become responsive to human hopes...

"We face a task of monumental proportion. A nation of people consecrates itself to a constructive task of high purpose. We begin to behave like a great people."

Herbert Hoover gave us an idea: a generation of healthy children. Harriet Rheingold gave that idea eloquence and soul. Let us give it substance.

Two hundred years ago a revolution on this continent established a people committed to their freedom. Let us celebrate that stunning achievement with another revolution well within our resources and appropriate to our founding purposes; let us stun the world again with our high purpose and accomplishment. Let us give the third century of our nation its best guarantee for continued strength and freedom: A generation of healthy children. That effort would constitute a bicentennial celebration to which all persons could mobilize with the zeal the occasion deserves.

REFERENCES

For sources of data and interpretation extensive use was made of background papers that were prepared by various authors for the 1975 Sun Valley Symposium on, The Impact of National Health Insurance on The Health Care Of Children.

Additional sources were the writings of Karen Davis and George Silver. Historical material was drawn from Bremner's volumns on Children and Youth in America, A Documentary History (Harvard). An address by Dr. Harriet Rheingold is quoted and cited in the text.

Although my obligation to other writers is great, none of them shares responsibility for the uses to which their data or interpretations are applied in this paper.

C. ARDEN MILLER, M.D.

Address By: Dr. Burton White
Harvard University
School of Education

February 2, 1976

The title of my subject today is Child Care, where have we been, where are we and what are our options. Child care as a title is to some extent an interestingly ambiguous phrase. To some it is synonymous with day care and day care can mean care of the child in a center or care of the child in a home where several other children are being cared for. On the other hand child care could be construed in its broadest sense to refer to the care of children wherever they are, including the care of children in their own home by their own families. My particular interest is in the broader sense of the term; quite simply, I'm interested in how each child can make the most of whatever potential he or she brings into the world.

I have been involved over the last 18 years in sustained research on the role of experience in the development of human abilities in the first six years of human life. The results of that work, the results of recent research by people like Weikart, Schaeffer, Palmer, Berieter, Karnes, Gordon, Piaget and others and the consequences of massive educational programs such as Head Start, Follow Through, Parent/Child Centers, Home Start, and Child and Family Resources, are the bases from which which I will make some rather startling statements today.

The first of those statements is that in my judgment there is no period in life more influential in regard to the fulfillment of human potential than the first three years of life. During the first seven months of life, as far as I can see, the educational requirements of a human being are relatively few and relatively easily obtained. I list them as, first of all, the need for the child to feel that he is cared for and surrounded by an atmosphere of love. Second is the development of a modest number of specific skills, such as learning to turn from back to stomach, and vice versa; learning to see and hear well, and learning to use the hand as a reaching tool. The third educational need is for the maintenance, indeed the deepening of, the general zest for exploration and function that is the birthright of all healthy infants. These three seem to me to be the key educational purposes of the first seven months of life and as far as I can tell the substantial body of literature we have on the influence of experiences in the first years of life and development support the notion that children manage to get through the first seven months of life without routinely incurring educational deficits for the most part.

There are qualifications that must be mentioned in this respect. First of all, babies can incur educational deficits in the first seven months of life. Babies are, indeed, quite vulnerable and should you want to rear them in a closet or beat them substantially every day you can indeed suppress a child's ordinary development. Nevertheless, it would appear that relatively few babies undergo such extreme abuse. Along with children who begin life seriously handicapped in some physical manner, such sad cases constitute a very small fraction of our total population. From seven months on through three years of age, however, as a result of the studies that we have done, along with those of others, we've come to the conclusion that it is a relatively rare child that gets the kind of educational experiences he should and could have. Put another way, it's our judgment that no more than one child in ten is being given the kinds of educational opportunities in that particular life span that he really ought to have.

Why do I say such a thing? Well, first of all, it's our judgment that there are four major educational foundations developing during that period of life and that each of them is at risk. The four processes I refer to are language development, curiosity development, social skills and the development of the foundations of intelligence. Children before seven months of age do not know any elaborate language. They're not deaf nor are they mute, but they don't learn many words, if any at all. From seven months language learning begins and accelerates very dramatically over the next two and a half years, to the point where three year old children are capable of understanding most simple language they will hear for the rest of their lives. The earliest signs of a budding educational deficit which is likely to persist have (to date) nearly always been found in the area of language development.

With respect to curiosity, it's been our experience that very few seven or eight month old children lack substantial amounts of curiosity. It is apparently extraordinarily important for young humans to have a very intense interest in learning about the world around them. It should be pointed out in passing that from the time they are four or five months of age they are apparently quite capable of seeing and hearing with adult accuracy and yet, since they cannot move about they are unable to examine all those interesting and malleable features of their surroundings at first hand. Think of the frustration, think of the head of steam that's built up in that period between four and five months of age, and the onset of locomotion at about seven or eight months of age. In our studies we have found that this universally rich and pure interest in exploration does not persist routinely through until the second birthday. We found many a two year old whose interest had been warped, such that the bulk of his daily life consisted of attempts to stay close to his mother and to dominate as much of her time as possible. Such children may look at a new toy, for example, primarily for its value as an instrument with which to badger another person. Whereas in the case of a child with solid development behind him that item would ordinarily be examined for its intrinsic interest and value and at some lengths. It is sad to see a child who has become either over-indulged or over-attached or perverse about his relationship to his mother. It is sadder still to find a two year old child who has learned to fear his own mother and sometimes his own siblings as well, and yet I assure you this is perfectly normal in the daily lives of many of the children that are growing up today. It is easy to overlook the fact that many a child is brought into a family that didn't really want that child. It is also true that there are couples, and indeed many single parents, for whom life is far from happy, for whom getting through each day is a terrible struggle and for whom the new child is far from the unqualified blessing that he might be in most homes. Such children have learned during the second year in particular that they have to stay out from underfoot, indeed, stay some distance away from their own mother or risk physical abuse.

The development of intelligence has been brilliantly explored by Jean Piaget, the Swiss genetic epistemologist. He points out that infants at first show relatively little interest in external objects, but as they turn six or seven months of age their initial focus of interest on their own body gradually yields to a growing interest in the world of small objects. The familiar dropping and throwing of objects from a high chair is an early example of such an interest. From seven months on through two years of age our research indicates that children spend more time, almost twice as much time interacting with small objects, getting to know what they taste like, what they feel like, how they bounce, etc., than they do in all social experiences combined. Children are also very much interested in simple cause and effect situations during this age range. This is the basis, I believe, for the fascination with the

action of a toilet when it is flushed or the consequences of flipping the light switch on, etc. Common, reasonable child rearing practices can get in the way of the child's opportunity to develop his interest in the object world and his learning to learn skills. The use of restrictive devices, such as playpens to insure that the child doesn't hurt himself, or create too much clutter in the home, etc., seems to get in the way of the child's natural tendency to pursue his interests in the several directions discussed.

In summary then, it's our judgment that these four major processes which in anyone's picture of human development play core functions, develop rapidly in this particular time period, seven months to three years. Furthermore, our research and that of others suggests that one has no assurance that they are going to develop well regardless of the conditions under which they are reared. The seven month to three year period is a unique period, it's a vital period, and when the processes go well we can tell you unequivocally, it is a marvelous period of life. Raising a young child successfully during this period, as far as we can tell, is as rewarding as anything else one can experience in life.

Now, in the light of such statements we can return to the theme for the day -- what about child care, what about day care, what about center based day care for young children? I dare say that many of you can anticipate much of what is going to follow. Why would anyone want day care for a child less than three years of age? It seems to me that there are two basic reasons. The first is that some people have to have day care in order that they can work because there is no other way in which the family can survive. The second common reason is that some people would prefer to be out of the home, doing something other than parenting a child.

In respect to the first reason, the economic necessity, I feel very strongly that there should be a return to the government policy of the early Thirties. I want a return to the policy where, if there is a small child in the home, a mother or father, or both, need not be forced our of the parenting role for economic reasons. I want money given to families, to enable the mother, if she chooses to, or the father along with her, to do the parenting themselves. As far as I am concerned, the likelihood of anybody helping to shape the future of that young child better than the nuclear family is low. It is true that there will be some situations where the nuclear family can't do the job as well as the available day care operation. Nevertheless I doubt that this will be true in the vast majority of cases.

The second reason cited was a preference for work outside of the home or a preference for activities that are "important" in contrast to parenting. It should be obvious by now that it is my judgment that <u>there isn't any job that's more important than the parenting of the young child.</u> If parents will give a fair hearing to that opinion, if they will look into the evidence upon which I base that judgment, and then conclude that they would prefer not to parent, fair enough. But I would rather not see parents making judgments about this topic on the basis of a lack of awareness of how important the task is and how rewarding it can be when it goes well.

Are we headed for day care for all who want it? The answer is absolutely not. As day care is currently constituted in this country it costs anywhere from forty to eighty dollars a week for full time service. This is because it is labor intensive and the younger the child the smaller the ratio of children to staff. People have quite properly insisted on well trained people for staff positions of this sort and the mathematics have an inexorable quality about them. In Boston, for example, it costs sixty to sixty-five dollars a week for a forty hour day care program. Many centers charge less than that, but only because they are either using donated space or they are taking money out of the hides of their staff by grossly underpaying them. I believe that the majority of people who are using $3,000 a year day care today are people who are either having it paid for by the government (a small fraction of the poor), or those for whom $3,000 a year per child doesn't amount to significant money (a rather small minority of wealthy people). I am convinced that the average American tax payer is not going to extend his contribution to this particular kind of service for poor people and I am totally convinced that middle income families are not about to spend three or more thousand dollars per year for this service. Some will, but certainly not the majority.

The second major reason, aside from the prohibitive costs involved, is that I believe that we are seeing a rapid change in views about parenting. The notion that parenting is "mere mothering" is falling apart. We are seeing more people recognizing that shaping the life of a young child is although difficult at times, really very important and very rewarding. We are seeing an acceptance of the notion that men could and might very well be involved in this role, etc. Quite a few people have written me over the last year or two declaring that after learning about this particular topic their borderline judgments about whether to go back to work or not were resolved in favor of staying home. This does not mean that I think that nobody should ever work while they have young children in the home. I am inclined to think that people who want to work would do better as parents if they would work part time rather than stay home full time.

Recommendations

First of all, I recommend that we have a national policy of training and assistance for parents of children under three years of age. We simply cannot continue to turn that vital job over to people who have virtually no preparation for the task. Second, I believe we should have day care for the minority of the families who simply can't or won't do the job. Third, I think that day care should be limited to a maximum of half time for children under three years of age. Fourth, I'd like to see the use of qualified, older people and teenagers on day care staffs, and de-emphasis on academic credentials for all but senior personnel. I believe this is one of the few ways that we can lower the currently prohibitive cost of day care without reducing the quality of the service. Fifth, I'd like to see more conservative training procedures. Far too many training programs in this country are advocating procedures as to how to educate a young child without adequate justification in terms of either first hand experience or substantial evidence.

This topic -- the well being and fulfillment of potential of each new child -- is simply far too important for us to have careless or overly risky policies in force.

END

Address By: Ms. Maya Miller
Women's Lobby

Afternoon Plenary Session
February 2, 1976
"Agenda For Action: Setting New Goals"

WOMEN + CHILDREN + POVERTY = PACKAGE DEAL

I come to the subject of NEW GOALS FOR FAMILY INCOME SUPPORT firmly planted in the Women's Lobby, and therefore bring a frankly limited perspective, that of a woman who is a mother. I should have called the subject WOMEN + CHILDREN + POVERTY: A PACKAGE. It's a subject I've been troubled about for some years since my work with the League of Women Voters and the National Welfare Rights Organization pointed up for me both the common concerns of women in our society and the desperate distance which the suburbs have placed between men and women who find themselves with money and those who find themselves without.

First I want to say for this conference that mothers and children are inextricably connected, in biological and psychological fact and in public policy. There may be day care centers and hospitals and lifestyles which involve more fathers in child-care, and there may be decisions on the part of women not to have children, - but for those mothers who have children, the link is very close. And where man and woman separate, it is the woman who generally is left caring for the child. There are 9.7 million children in the United States living in single-parent households, of whom 8.1 million live with mothers, and only 1.5 million with fathers. 8 million live on AFDC with their mothers in poverty.

That fact is the reason Women's Lobby believes that AFDC - Aid to Families with Dependent Children - i.e. welfare - is a women's issue. This winter we have been going door to door in the Congressional offices peddling that view and some of the attendant facts, and trying to assess what Congress is thinking about any welfare system reform.

Everyone agrees the system is a mess. We contend it is a particular mess for mothers with children.

"Family Income Support" is a euphemism for those government programs which give cash grants to certain categories of dependent poor, the old, the blind, the disabled, and "caretakers" of children without other support. Unemployment insurance and social security are not generally included in the term. Since 1974 when the old, the blind and the disabled categories were given a federal base uniform across the country, and given the respectable-sounding name "Security Supplemental Income (SSI), AFDC became the only category or cash assistance left out in the cold cruel world called "welfare," at the mercy of state legislatures, and now the butt of ignorant accusations, many of them sexist and racist, the lowest in the pecking order of the frustrations which our economic dislocation has brought to the surface among worried workers and taxpayers. Workers & Taxpayers vs. Women & Children? Do you think we know what we're doing?

WHERE IS THE MOMISM OF YESTERYEAR?

One has to ask why, when motherhood used to be so revered a state in this country that we were almost embarrassed by our own devotion, why now is that welfare program which is overwhelmingly mothers and children referred to consistently as the "most controversial category of income assistance"? Even Food Stamps, Richard Nathan recently noted, has avoided some of the stigma attached to the public distaste for welfare.

Do we not like mothers any more? or do we not understand why they are poverty-prone, and may likely need help? or do we resent them when they live independently of men?

Poverty is not a new state for women in America, and is not solely the province of women without husbands. Literature, if not always history, gives us insights into the grinding grim life of women caring for children in the ghettos of our cities, the camps of our frontiers, and the isolated hollows of our mountains and countryside. Poor women often afloat on the tides of an economy over which they had no control. And poor women and children often at the mercy of the self-hatred of their poor husbands.

AFDC was the federal program of the 30s which supplemented the old "Mothers' Pensions" of the states; and it was followed by AFDC-UF to permit unemployed fathers to remain with the family and still allow basic government support to go to their children. Only half the states participate in Unemployed Fathers aid, though, and in those which do, the personal participation is curiously low. Some interesting studies suggest that the male-breadwinner syndrome may keep men from use.

AFDC was designed to offer the children's caretaker the option of staying home for her full-time work as cleaning woman, cook, nurse, teacher, child-developer. Is this an outdated concept, or not? 95% of AFDC recipients are women. They are only 3 million out of the 80 million women in America. That is even a fraction of the poor women of America: Of the 24.3 million poor people in this country, 18.7 million are female, 77%; 10 million are children, male & female, hence, women comprise over 90% of the adult poor, - 13 of the 14 million. Is it not fair to presume that they need special federal attention?

We need to talk a bit about changing life-styles.

CHANGING VIEW OF "FAMILY", and AMBIVALENT VIEWS OF "WOMEN'S WORK"

This is a time of transition in life-styles. We need to understand that in order to set our goals. I am much indebted to Heather Ross and Isabel Sawhill for their fine new book published by the Urban Institute, titled Time of Transition: The Growth of Families Headed by Women, for it has sorted out a lot of statistics I hadn't known but which reflect trends we all sense, trends pulling away from old family norms. My kids watch Ozzie & Harriet on TV as a period piece. Nonetheless, the mother-father-two-children family remains the norm. There are 45 million of these so-called "whole" families with fathers - 57% of all women live in them. 89% of all children, that is 70 million children, live in 2-parent households.

However, the 9.7 million children who now live in single-parent households represent a 60% increase in the decade 1960-70. And thereby hangs a trend, - although for the most of these children the time outside the traditional home is brief, 5 or 6 years before a re-marriage. Other salient trends:

- "mushrooming" divorce rate (1 out of every 3 young couples)
- declining birth rate
- rising out-of-wedlock births
- rising age at first marriage
- sharply rising teen-age pregnancies
- rising number of women working outside as well as inside the home (women in the labor force up from 25% in 1960 to 43% in 1970)
- "declining role specification" accompanied by "growing role conflict"

- increase in control over reproduction; availability of contraceptives and safe, legal abortions

Confusing as they are, these family life-style trends must be understood and put in the computer of our public policy thinking on family income support. I'm not sure I understand them yet. And I'm certain Congress doesn"t.

At the same time as we must consider the meaning of the decline in respect for marriage as an inviolate religious institution, we are having to reassess marriage as an economic institution, the mechanism as Kenneth Boulding describes, by which $313 billion are transferred from those who work in the market (most often men) to those who don't (most often women and children). If that transfer, or a part of it, is not taking place through the family, how will government take over?

Now for our ambivalence about women's work. Our society, I am convinced, is completely schizophrenic about work in the home: is it valuable work, or is it not? Domestic work - cooking, cleaning, caring for small children - carries a truly distorted worth in the marketplace. Notwithstanding all the stories about high-cost domestic help that nobody can find, maid-service is a persistently low-paid job nationwide. So is waiting on tables, - unless it's in the showroom of the casino-hotel. Caring for little kids, baby-sitting, is also.

Do we want women, value women working at home, as the voters against the ERA and the complainants against the Child and Family Services Bill so ardently aver, or do we want them competing for men's jobs in the marketplace, as those who want to put the lazy welfare recipients to work so righteously urge? I don't think we know.

One of the problems is that wifely work is irregular (and the bargaining very private). The work rises and falls in intensity within the day, and within the seasons, and over the years. It is an irregular 24-hour-on-call day when there are small children; and after they are grown, it may very well have to be full of volunteerism in order to piece out even an 8-hour day. For those women who find themselves divorced, employment can be scant. Ross & Sawhill have a provocative way of casting the sociological fact of the "displaced homemaker": There are more adult women traditionally in the marriage market who are not at work as wives, than there are adult men traditionally in the labor market who are not at work in jobs.

The society often seems to have a double standard regarding work just as it has about sex. I was offended the other night by the double sexism of Paul Harvey's pixie picking at welfare and unemployment. Derating welfare and unemployment as the new soft way of life in an America of otherwise hard workers, he ended archly on Family Prime Time television, "I know of only one other business that you can carry on lying on your back and still get paid for it."

I hope he's an aberration, but I worry. Chiefly, I worry about the failure of men generally to have any understanding of the hard work of caring for children - and the great worth of that work to us all in the society.

A Word about CONGRESSIONAL ATTITUDINAL LAG...

Congress, like Paul Harvey, tends to be white, male, over 50. Uniformly Congressmen, like legislators and governors back home, suffer from "frontiersmanship". They all had a strong uncomplaining mother who brought them up in a shack with the wind blowing under the door, - and look how well they turned out! Poverty was character-building. Well, at home there's a tale, perhaps apochryphal, about the

pioneer mother of a family of boys, now grown to bank presidents and politicians, who taught them at her knee in their youth to steal just a little every day and they would grow to a safe manhood, I think of that when people ask men, "How does a mother in Texas today make it on a grant of only $140 for a family of 4?

Women's Lobby has been going office to office, have completed the 435 on the House side, and are now moving into the Senate. We ask if the Congressman senses any movement toward welfare reform in this session. No, say the liberals, we mustn't rock the boat or it will get worse. Yes, but only to tighten up the regulations against cheaters, say the conservatives (Duncan Bill). Nothing will happen in this election year, they all say - and we believe that!

Our second question is more revealing: since we are mainly talking about women and children when we talk of welfare, do you know how adequately poor mothers caring for children are supported by the grants in your district? 99% have no idea. When you tell them, $240 in Nevada for a family of 4, $201 in Delaware, $124 in Alabama, and compare it to $400 in Wisconsin and Massachusetts they seldom even exhibit shock. Those who do you bless. We explain how important food stamps are to make up for those state cash inequities - and they start telling the look-alike horror stories about food stamp fraud, women buying steaks for their pets. Or if they are from the Bible Belt they sometimes explain unabashedly that folks in their district don't want to support those illegitimate children. "A women shouldn't be allowed to have more than one illegitimate child - everybody's got the right to one mistake! Laugh, but no more. How do you propose to legislate that? I ask. And doesn't it seem discriminatory to punish the one person an act which took two, especially when she's the one caring for the result, the child? At this point the racial ingredient often surfaces, with a deprecating inference that those women are different from me and the Congressman's wife; "they" don't know how to manage their lives.

Clearly the Congressmen, and their aides with whom we are talking, feel quite removed from the topic, and seem to want to remain so. They are, after all, about important business, like energy and taxes. And they have for themselves a splendid life support system, generally made up of wife and an ample staff allowance. Clearly they would rather not have to come to grips with the grubby problems of blue-jeans and rice and soap costs, of the growth in out-of-wedlock births, of divorce rates, of female-headed households, of changing life styles. Can you think what it means for a mother to try to pay rent and transportation and school costs and shoes on $124 a month? we ask. "We haven't had much mail from them on that," one aide replied out of his inability to imagine. Our Radcliff intern murmured "She probably misplaced her stationery."

But the face that <u>does</u> rouse legislators, - and is apt to rouse them more as the states begin cut-backs and bump up against impending bankruptcy - is the cost of caring for children. They never realized how much transfer went through that marriage transfer system. I believe that as that fact dawns, we are apt to find more aggressive responses, and they are apt to get more, rather than less, sexist and simplistic (like the old man in the Carpenters Union who called out across my speech on platform and plans, "Just go home and take care of your husband!") AFDC seems to offer to women the opportunity to care for their kids freely, without a dependent relationship. That's dangerous.

We should say, too, that some in Congress are mad at that "deserting" man, too, and want him pursued, forgetting how seldom the DA presses the charges given by mothers, empathizing as he does with that other man.

Another part, I believe, of the desire to set aside thinking about changes in the welfare system is that Congressmen in the 1970s don't want to acknowledge the economic failure which is poverty; unemployment, yes, because that implies the society is only temporarily out of joint, and that normally there are jobs, and therefore money, for everyone. They are also setting aside the threat of the women's movement with its potential for competition in the marketplace and its withdrawal of unpaid domestic work, including child care.

But there are friends in Congress, too. Representative Cornell of Wisconsin has introduced Martha Griffith's old negative income tax reform, the ABLE plan, which at least reminds us there's a problem. It has some 30 co-sponsors and a very slim chance of being heard of in the Ways and Means sub-committee this spring. It would be good if it were, if only to get an airing for women.

Women are strong. And poor women have proved themselves enduring and more courageous than most of us. These of us here interested in children need to keep their life support and that of their mothers high on our fighting banners.

Address By: Professor Rashi Fein
Center for Community Health and Medical Care
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Afternoon Plenary Session
February 2, 1976
"Agenda for Action: Setting New Goals"

I very much appreciate the opportunity to be here today and to be able to participate in the Bicentennial Conference on Children. It is an honor to have been invited.

I must apologize at the outset for the fact that my remarks will not be consistent with the title for this session. This is not due to inadvertence nor to the fact that I pulled some old speech out of the file cabinet, a speech that sort of fits but not quite. Rather, it is due to the fact that I find myself in rather fundamental disagreement with the title: "Agenda for Action: Setting New Goals." Let me explain.

My problem with the title (I hope it is not simply a reflection of my age) is that I am not prepared to admit that we need to set new goals, that the old goals need replacement. In my view, there is a need for an agenda for action; there is a crying need for greater attention to the development of a strategy for effective action whereby we could reach our goals, but there is no reason to revise those goals. To set new goals in the depressed America of 1976, I take it, means to lower our sights and to adjust our aspirations downwards. New approaches may be called for but new goals, that is another matter.

Now this is not some little matter of semantics. Words are important. They are revealing. Let me suggest that it is perhaps not an accident that these particular words appear on our program. The phrase chosen, "setting new goals," I fear reflects the phenomenon of general depression, cynicism and skepticism that seems to prevail as we enter our third century. We are told, for example, to redefine the term, "maximum employment," that appears in the Employment Act of 1976, for example, is that we achieve--and accept--an average unemployment rate of 7.7 percent of the labor force! We are told that a number of social programs enacted in the mid-1960's, programs that attempted to increase economic opportunity, to improve health and education failed because they tried to do too much. Presumably, all that was accomplished was that we learned that the problems these programs dealt with are complex--something most of us already knew. We are told, therefore, that we must revise our aspirations. The problems have not disappeared, but history is rewritten so as to suggest that instead of trying to solve them we should be satisfied to aim for solving them "somewhat."

I deeply believe that this kind of redefinition of our goals is wrong. To lower our sights and circumscribe our vision is a fundamental error for at least two reasons. The first is that the empirical base and evidence that might justify that kind of redefinition is lacking. I know of no evaluation study that has demonstrated and since goals express values, that can demonstrate -- that the goals (the goals, not the methods by which we might reach them) were or are wrong.

Certainly we agree that the programs that were adopted in the 1960s have not solved all or even many of the problems they addressed, but that is not because they were adopted in the euphoria of the middle 1960s but because they were emasculated in

the troubled days of the late 1960s and early 1970s. They no longer command our energy or attention or budget resources adequate unto the problems.

Certainly the world and the social problems were complex. What is surprising is that that seemed to be viewed as some great discovery, and the discovery having been made that it led to an attitude of "let's give up" rather than to an approach of trying harder. For a variety of reasons--including a lack of commitment by national leaders--the goals expressed in the legislation of the Great Society were not met. But I will not accept the conclusion that seems to be drawn that that demonstrates that somehow or other those goals were and are the wrong ones.

There is yet a second reason that I object to a redefinition and downward revision of goals. It seems to me that goals are articulated to spur us on to a higher and higher standard and greater and greater effort. Goals are things we want to reach, whose articulation is, in no small measure, designed to express our values, to motivate us. There is a difference between program goals--things needed by program directors, budget analysts and evaluators--and social goals--statements of social objectives that motivate a people. A people--if they are to rise to greater heights--cannot substitute program directors and evaluators for dreamers. Even to accomplish the pedestrian may require a motivation that comes from ethical principles rather than pragmatic impossible dream opportunities. We should want to set goals that inspire us and, if we have not yet reached them, that are so valid that we are forced to try harder and harder to attain them.

Now, all this does not mean that we should not have a specific plan for action and a specific agenda. Indeed, we should. Nor does it mean that we cannot evaluate how our programs are working and what we have accomplished in a given time period. Indeed, such evaluations are required of us. Nor does it mean that there is no constraint on resources and we can do everything all at the same time. Clearly, that is not the case. So I am prepared to talk about an agenda for action, about setting forth some new mechanisms and new approaches and new targets designed to move us forward toward old goals.

In the area of child health, I have a simple and a most general goal in mind. It is one that can and has been expressed in many ways. Let me put it in the most general--not in terms of a desirable frequency for eye examinations, for visits to a physician and things of that sort. A valid goal, that many share, is that the level of health of a child--and surely the level of medical care received when in ill health--not be dependent upon the economic status of the parent. Let us not debate whether such a goal is really attainable. It can be argued that, in a large and complex society, a host of relationships impinging on the variables that affect health make it impossible to achieve that degree of equality. Yet that does not mean that it is an inappropriate goal toward which to move and which we should try to attain. Today's distribution of health care is clearly so far from a reasonable definition of equity that we have plenty of room to move before we need to consider adjusting the idealistic goal in terms of the pragnatic reality. If that is the case, it is better to hold forth the idealistic goal than to spend our time debating the degree of inequality that we would be prepared to accept or be comfortable with--and, meanwhile, do nothing to improve things.

I will not review with you where we stand today. Nor will I examine the degree to which the state of health, the amount of medical care received and the dignity of the conditions under which it is rendered is a function of income. I assume that all of us know the reality and perhaps even the numbers. And so the question is what agenda for action would one offer to move us from where we are towards where we ought to be.

That the agenda is a rich one is clear. Many factors, not all of them fully understood, contribute to health status: the education of the individual and the education of those with whom he or she comes into contact, the quality of housing and shelter, the recreational opportunities, the kind and quantity of food we eat, the environment in which we live. Some of these variables may, in fact, have a greater impact on health status than does the quantity of medical care received--there is a strong interrelationship between the topics addressed on this afternoon's panel. Many childhood ailments, after all, are self-limiting, and the average child does not often require the highly sophisticated medical intervention and medical technology for which, at times, there are no substitutes.

Nevertheless, the fact that many variables affect health and that a number of the more important ones lie outside the sphere that traditionally encompasses what we define as medical services should not lead us to ignore or underestimate the contribution that medical services can and do make. Those interested in medical services are not interested in some mere luxury. We must remember that, as yet, our definitions of health are imprecise, and the medical services sought by parents and children, in addition to lowering morbidity and mortality, provide reassurance and affect the state of well being, peace of mind and a variety of psychological aspects that we all know to be important even though they are inadequately measured. I cannot help by recall, for example, attending meetings a decade ago at which consideration was being given to the development of legislation that would help put in place some new departures in programs to improve the health of children. At those sessions an emphasis was given to those kinds of conditions which, if left untreated, would affect the labor-force participation rates of these children when they became adults. These things were measurable; in addition, they affected the Gross National Product. I shall not quarrel with those who are prepared to argue that these conditions did represent the highest priority problem. That is not the issue. The point is that the assessment that attention should be directed to these conditions did not derive from a discussion of what were and were not the highest priority matters but, rather, from our ability to quantify certain matters and not others and from the measurement techniques that placed greater emphasis upon the future contributions to the Gross National Product. I remember that, during those meetings, I often raised the question, "But what about the child who has a high fever and whose parents are concerned and worried? Suppose the child will recover without any impact upon future labor-force participation rates and productivity in, say, ten days if there is no medical intervention and in only five days if appropriate medical intervention were available. Should we not place some value on the fact that there would be five days less concern on the part of the parents and five days less discomfort and pain for the child?" Invariably I was told that the question I raised was important and worth talking about. Yet, the inability to quantify the variables meant that the question was largely ignored.

And so a failure to adequately define the benefits of health care left us--and still leaves us--at sea. There is so much that affects health, and health itself means so many things.

Yet, we cannot talk about everything, and so I do not propose to examine housing, environment or recreation. Nor shall I address my remarks to food and nutrition, matters which traditionally have been considered to lie close to the

medical sphere. Important as these are in attaining the goal that a child's health should not be affected by the economic status of the parent, I focus on the more limited (and, for the present, more attainable) goal that the utilization of medical services should not depend on economic status. My reason for this limitation, in part, stems from the observation that one of the current attitudes in Washington seems to be that since everything is interrelated in a complex fashion and since so many things might be done, perhaps we had best avoid the difficult choice of what to do by not doing anything and by retreating to a presumed simpler world in which we reprivatize the health sector and permit the market to allocate resources. This paralysis of action and this view of the role of government in the social policy arena is, to some degree, consistent with what I sense is a cop-out mood deriving from the observation that health status is very dependent upon individual life styles and behavior. The inference, then, is drawn that it would be appropriate for government to retreat from the scene. We witness the confluence of forces all leading to a general skepticism about the appropriate role and ability of government, a skepticism that leads to a view that there really is no society and that we are all individuals not bound together in any way. I do not want to run the risk that in developing a multi-dimensional and complex model we are left to wonder where to intervene, indeed, whether to do so at all. There is a need for such models, but for today let me carve out one sector--medical services.

Medical care is expensive; not as expensive for children as for adults (in no small measure because children, on average, spend fewer days in the really expensive part of the medical care sector, the hospital) but nonetheless expensive. More than that, the problem that the family faces in the absence of the devices to share the cost is not the average expenditure per child but the fact that annual expenditures are unpredictable, that there is a wide variation around the average. Thus, as with health care for other population groups, one is forced--if the goal that we articulated earlier is accepted--to talk about national health insurance. If we believe that the quantity and quality of medical services available to a child should not depend upon family income status, we are forced to a system requiring major changes in the methods of paying for care. As we are all aware, a number of national health insurance proposals have been put forward, and as all of us are aware, as yet none has reached either the Floor of the Senate or the House for action. The reasons for the inaction are many and involve the complexity of the problem, the mix of public and private responsibility and questions of finance. It is true that there are no simple answers--a phrase that, too often, signals a retreat from the search for complex ones, almost as if only simple answers are acceptable. Yet, if our concern is with the health of children, we cannot avoid developing new health care financing mechanisms, a national health insurance program.

The old financing mechanisms have failed and, in my view, cannot be built upon. The Medicaid program which has financed health care for many children is in deep trouble. National economic policy, high rates of inflation and unemployment have resulted in a situation in which the fiscal problems of many states are real and cannot simply be wished away. We must face the fact that, in this fiscal crunch, the most vulnerable part of the population will be at risk. The problem will get worse, not better.

At the Federal level, we can expect a pressure to cut back on those special programs that have been directed toward the health of children and youth.

There is a lesson to be drawn, and I suggest that that lesson is that it is the social-insurance principle as, for example, exemplified in Medicare on which we ought to build rather than the welfare principle as exemplified in Medicaid. To me this means a health services payment system that is universal, in which people are not sorted into this or that program, into this or that delivery system as a function of their employment status or income status or willingness of employer to assist them in their purchase of private insurance or state of residence and so forth. A universal system is a system that includes us all and in which our fate and the fate of those who are of a different race or a different income or a different educational level or a different health status are inexorably intertwined.

A universal system is one important characteristic of a national health insurance program, but it is not enough. We must assure that the benefits under that system are comprehensive, that the system covers a major proportion of potential health care cost This is required both on grounds of equity and because long experience has taught us that anything less will influence the flow of dollars in the delivery of care towards that which is insured and away from that which is uninsured. The insurance coverage will tip the delivery system towards hospitalization and away from ambulatory care, towards treatment and away from prevention, towards medicine as defined in the insurance policy and away from medicine as defined by people's needs.

Universality and comprehensiveness of benefits are two criteria but even they are not enough. An additional matter deals with deductibles and coinsurance. We must recognize that there are those who would impose large co-payments. They argue that it is only through significant cost sharing that we would induce responsible behavior on the part of the patients. It should be clear, however, that such cost sharing does not in fact lower the total bill for medical care; indeed, it may even increase it. Such cost sharing cannot help but have its greatest impact on the utilization of preventive and early diagnostic services. At high-income levels its effects would be minimal; perhaps at middle-income levels it would only eliminate the trivial (though it is not at all clear that the patient is the best judge of what is and what is not trivial), but surely at low-income levels where hard choices are made as between food and clothing and medical care, significant cost sharing would lead to postponement of care until one was sure that one or one's child was really sick. It is impossible to justify such an approach in terms of good medicine or good social policy. Is it not time to recognize that medical care is not just another commodity to be rationed out by the price mechanism?

A number of arguments are raised against universality, comprehensiveness of benefits, elimination of deductibles and coinsurance. The first is that we cannot afford it. The answer to that is clear. We are not talking about a situation in which there is no medical care system out there and it is our desire to erect one. Rather, we speak of a system already costing us $118 billion a year, $550 per person per year, a system already costing over $13 billion and about $200 per capita for persons under age 19. (Three-fourths of these funds are private and almost $2 billion are Medicaid dollars.) We speak, therefore, of re-arranging the sources of

funds in a manner that would produce greater equity both in the way they are collected and in the distribution of the services they pay for. No vast new expenditures are needed. Indeed, the analysis by the Department of HEW suggests that the difference between the more limited Administration's proposals and the more comprehensive Kennedy-Corman proposals would add only a small percentage to the nation's health expenditures. So the difference is not really a debate over the total dollars and distribute public mix, over the way we shall collect these dollars and distribute them. Ultimately the debate is not really about the mechanics but about the validity of the goal that I articulated earlier.

A second reason cited in opposition to national health insurance is that we do not have the administrative capacity to handle such a major program and, further, that the health care system would not be able to meet the demands placed upon it. I disagree. Let me, however, offer a challenge and a mechanism for rebuilding the administrative capabilities that have been weakened in recent years and for spreading the increased demand over a period of time. I offer the challenge because there is no evidence that one develops administrative skills by talking about them or by handwringing about their absence. Nor do we prepare to meet demands except as we are pressed to do so. Thus, if there are those who say that we cannot go to a full national health system in one step, I would respond, "Let us begin." Let us begin not by extending the Medicaid system which is not a logical precursor to national health insurance; not by mandating more comprehensive systems of private coverage, systems that are not effective precursors of national health insurance; not by debating when we will be ready and meanwhile doing little to get ready--but by beginning. I suggest that we could begin with a system of comprehensive coverage for all children and pregnant women and that we could agree to extend that coverage by raising the eligible age on a programmed basis.

The fiscal impact of such a program would be minimal. The net additional cost would be modest indeed. The demands placed on the hospital sector would be small, and the medical care system could handle the needs. I believe that we can do more, much more than protect children, but surely this would be a significant beginning and one upon which a more extensive program could be built. Let those who say they support national health insurance as a great idea whose time has not yet come; let those who cannot muster up the courage to try that which other nations (including Canada) have adopted; let those who are fearful that we do not have the know-how to make the system work--let them explain why we cannot begin with children.

It seems to me that a proposal to phase national health insurance in this manner would sharpen the debate. The issues would be clearly drawn, and those who today can claim that they agree with the goals but differ on their practical implementation would be forced to be specific as to their real differences. I suspect that out of that discussion we would come to a new and better understanding of the issues before us. I suspect that we would learn that the problem we face is that it has become too easy for everyone to be in favor of some form of national health insurance because different people define it in different ways. It is out of those debates that I believe we would learn how much agreement there is on the goal that I spoke of earlier. National health insurance, ultimately, is the mechanism by which we reach a goal--not the goal itself.

I am optimistic that, if we articulate the goal, we will find many who agree with it. I am optimistic not only because one has no choice but to be optimistic; not merely because unless one is optimistic that we can improve things, we can be certain they will not improve. I know how difficult it is to be optimistic in the face of current realities, and yet it seems to me that there may be grounds for optimism. This nation, we people, have done great things when we have been stirred to do them. Some time has passed since we have been called to do so. The old goals have remained, but it has not been fashionable to speak of them. I am optimistic that will change and that when we once again share them with others and work at achieving them we will find that we have many allies.

Address By: Sally Provence, M.D.
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Afternoon Plenary Session
February 2, 1976
"Agenda for Action: Setting New Goals"

CHILD CARE IN 1976: GOALS AND REFLECTIONS

It is clear that in regard to child care advance on many fronts simultaneously is urgently needed. However, I do not know how to define an agenda for action unless it be one that an organization such as this, reflecting many facets of our concerned interest, could agree to pursue in a co-ordinated way.

When I began to think about the assignment I accepted - to talk about new goals - I did not know what to do for I realized that we have some old goals, some longstanding ones that we have not achieved. So I shall mainly speak of goals that are familiar ones - restating and emphasizing those that seem to me of particular urgency in this the bicentennial year of our country.

Some of these goals define attitudes in need of emphasis or change and a change of attitude, of course, involves an internal action in an individual or group member. Some of them are external actions that we undertake singly or in concert with others.

I shall begin by saying that I agree wholeheartedly with Kenneth Keniston's statement about the overriding, basic importance of families having a decent income. He has presented that need convincingly and I can add nothing.

1. We should reconcile our disagreements with one another about whether children or their parents (or other caregivers) should take priority. We must neither polarize ourselves in our efforts to improve the quality of life for children and youth nor alienate them from the adults who are their parent figures, caregivers and teachers. One agency or service may be able to concentrate mainly on only one aspect - we are not magicians - but unless children and the adults who care for them are seen as a unit, a system if you will, we will make little progress in improving child care over the long haul.

2. We need to commit ourselves anew to the concept that not only childhood but parenthood involves a developmental process. So, too, does the talent for taking care of children and working with parents. Part of all of this development is cognitive; much of it is social and emotional. We owe a debt to Erikson for his wisdom, the beauty of his writing and the way in which he has helped us see the psychosocial development of child and adult - the individual in his society and culture.

In one of his essays he says, "While far removed from any measure of mastery over the physical world (the newborn) is endowed with an appearance and with an appearance and with responses which appeal to the attending adults' tenderness and make them wish to attend to his needs...and which in making adults care, stimulate their active caretaking... Defenseless as babies are, they have mothers at their command, families to protect the mothers, societies to support the structure of families and traditions to give a cultural continuity to systems of child care and training. All this is necessary for the human infant to evolve humanly, for his environment must provide that outer continuity which

1. Erikson, E. (1964) Human Strength and the Cycle of Generations in Insight and Responsibility. New York, W.W. Norton.

permits the child to develop his capacities in distinct steps and to unify them."

Surely no one disagrees with Erikson on these points and we must ask ourselves anew what can be done for those infants who have no parents to command, for those parents who are not protected and sustained by families, for those families for whom the society and culture aren't supportive and often produce unbearable stress?

In regard to childhood as a developmental process, I suspect that the events of the last 15 years in the child development and child care field have brought us all to the point where we can agree that children and youth have developmental needs, characteristics and crises which a caring society should support. Our problem is not so much to gain acceptance for this basic idea, but to translate knowledge into action. We have made and continue to make many efforts in this direction and our failures are not so much in our goals and conscious intent, but in the inadequate way we translate them into services. We begin <u>good</u> programs anchored in knowledge of child and family life and let them die for want of money and of purpose; we allow them to be inferior and inadequate for want of persons prepared and motivated to carry them out and sustain them over the years. Even child development specialists find themselves lined up against one another, not so often because they disagree about the needs of children and parents, but because when money is short and commitment to children is capricious, they may be forced into the position of choosing one greatly needed program and putting down another equally improtant one.

I would ask then what are we prepared to do about creating and sustaining environments in which children have a reasonable chance to develop well? We would all prefer it if the programs which begin could be immediately staffed with workers who know how to do the job. Since that is most often <u>not</u> the case, could we agree that such programs be planned so that, at what ever distance from excellence they begin, we would insist upon their improvement over time? That insistence would mean mobilization of money and of persons who would help them improve until they become really good programs for children and families. I want to interpolate here in case you wonder about my position, that day care is here to stay. It is a necessary service. Our energies should go into making it good day care - in whatever form it takes, flexibly available, supportive of children and parents and closely coordinated with other family services.

To honestly approach parenthood as a developmental process means to recognize and act upon at least two things. First, some are better prepared for parenthood than others. It is not difficult for any of us to think immediately of examples of well-prepared and ill-prepared parents. Second, even for parents who are competent, reasonably healthy in mind and body, desirous of children, able to work and earn a decent living, child rearing is not easy. Though there are for most great personal meaning and many satisfactions, no two-parents can carry the responsibilities of parenthood, with benefit to themselves and their children, without the support of a family, however we currently define it, of neighbors, of the community and in a reasonably benevolent and sustaining society.

Erikson reminds us that biological parenthood needs at least three links with social experience: the mother's or father's past experience of being nurtured, a conception of nurturing - of motherhood or fatherhood - shared with a trustworthy contemporary environment and an enveloping or world image which ties

past, present and future into a pattern of sustenance and guidance.

Experiences of various kinds - professional and social - have taught us many times over that it is possible to assist persons in their development as parents whether they are in mid-career, so to speak, or whether they are caring for their children's children. What do we intend to do with this knowledge?

Preparation for parenthood is another dimension. The most infulential part of that preparation occurs during the long years of the child's development from infancy on through his experiences in living within his family group, with peers and with others who nurture, teach and in other ways communicate the personal and cultural values and traditions. Obviously the quality of those experiences needs to be at least reasonably good. Another aspect of preparation, that of formal educational input is an important supplement, about which we have done something but need to do more. Such education helps the young person to make use of his intellectural abilities and those practice experiences which are a part of most courses to acquire knowledge about children and about parenthood. Even so he must await the experiences of adulthood and have support for this later developmental period in order to become the parent he wishes to be.

One of the possible outcomes of their life experience and education for parenthood is that young people may choose not to become parents. Are we prepared to support them in that choice? I believe that we should.

Acting upon the developmental point of view means that we support the notion that those who are to provide the services of which we speak must learn and develop also. I do not know whether anyone has ever formally plotted the development of a child care or parent specialist, but I am certain that for most it includes at least several phases.

For those who choose the work, there is first the period of anticipation and immersion, both gratifying and anxiety producing - stimulating, exciting, exhausting. New ideas and experiences are encountered as theory and practice come together. The events of this developmental period could be compared to infancy and childhood when, in Erikson's terms, hope, trust, will, purpose and competence succeed and overlap with one another as learning and experience accrue. If the worker is developing well, hope predominates over despair, though despair is present, trust over mistrust though mistrust intrudes, will and self-restraint over indecisiveness, shame and doubt, purpose and pursuit of goals over inhibition and aimlessness, competence and learning to work over inferiority.

Then there comes the phase when fidelity to one's standards of excellence and seeking a durable set of values predominate. This is a time when discouragement and disillusionment may overtake the worker, when he needs verification from peers and from mentors of the value of his work and, indeed, of his career identity.

Following Erikson's thought about the maturing adult, I suggest that the worker next enters into a period of generativity during which he is not only able to be creative in his own work, but to impart his learning and attitudes to others. New ideas are born which add to knowledge. Some of this knowledge comes from the way in which daily experiences with children, parents and peers stimulate ideas and ignite the searching mind of the worker. The period of generativity,

if things go well, merges with the age of wisdom which provides the benefits and perspectives of accumulated knowledge and experiences of years while it still responds to the challenge of the new.

While the perfectibility of the worker just as of child and parent is no doubt an ideal rather than a likelihood, I do believe that given the opportunity to learn, to practice the art, to share the experience with others, many more of us can continue our positive development and achieve a greater measure of effectiveness. So I ask, are we going to increase our efforts to support the development of the worker?

3. We should not accept the idea that in order to provide jobs for those who need them and caregivers for children we should bring them together whether or not the adults in question have ability or interst in child care. We should not accept those who have little talent for the work. It is not everybody's cup of tea. Can we - without moralizing or psychologizing - seek out and enable the development of those who do have the motivation and personal qualities which will allow them to provide these family supports of which we speak? Do we dare to insist that those whose talents and preferences go in other directions be helped to pursue those, rather than capturing them for human service careers which are unrewarding for them and of little benefit or perhaps even negative for children and families?

4. In respect to the needs of mothers who work from choice and not from financial need, can we, without demanding that they stay home full time for years, help these mothers to believe in their unique importance to their children? Many of those with whom I speak seem unconvinced. Many have great concern for their rights as individuals having potential for many kinds of development is understandable and commendable. They argue with a good deal of validity that our society has been shamefully wasteful of its resources - wastful in not so organizing family support systems as to make it possible for a woman to develop and use all of her capacities - not simply those of homemaker. Regrettably, the more militant voices on the subject of the need for day care, for example, often express no awareness that the kind of care and experience children have in the early years influences the kind of adults they become. Sweeping statements about parental rights to day care do not come to terms with the issue of who is to care for children. The answer, implied by the failure to deal with this vital issue, is that child care can be turned over to almost anyone who agrees to do it. Experience has taught us and has taught concerned parents even more painfully that many of the people available have minimal capacity to nurture children and provide them with experiences that promote sound development.

We are all aware that many mothers must work because they are the only providers for their children or because they must supplement the family income in order to have even a marginal standard of living. For those many thousands of families, there is no question about the need for child care and other services which support family life. Many of these parents feel sorely torn between the responsibilities of parenthood and the economic reality. When will we begin to make available good care for their children at a price they can afford? When will our system emphasize the benefits of well-paying part-time jobs which will permit mothers or fathers to reduce the number of hours they are separated from their children?

Can we, then, take the stand that the development of children is, in fact, really too important to be turned over to reluctant or inadequate persons whose major need is for a job? Can we take the further stand that the development of parenthood is too important to be neglected, disrupted, ill-supported by the society? Can we, while so doing, also agree that some kind of work in which one can feel self-respecting is of vital importance to almost every adult? I turn now to several other thoughts about our goals.

6. We have a deplorable record when it somes to co-ordination of services for families. We argue that, since one cannot do it all, it is better to do a few things well. There is merit in that position and of course we will always need some services which are limited in scope and highly specialized. But I am suspicious of the widespread chauvinism, the narrow view, the vested interests, the elitism, which perpetually interfere with or make impossible the development of comprehensive support systems for families on a broad scale. So I ask, can we renew our efforts to co-ordinate the good services we already have- and there are many - ? Are we willing to do this, not just on paper, not just as window dressing when we are looking for support, but out of recognition that many diverse talents are needed to do the job well? Only when we develop and act upon that recognition will we work together with real effectiveness to produce comprehensive care. Some of these areas of co-operation have already been referred to by our other speakers today. I should like especially to give two examples, though there are many more. One is the crucial importance of co-ordinating health services to parents and infants with those services we call by other names. I do not believe, for example, that it is possible to create good mental health services for pre-school children, nor to practice primary prevention or early intervention without combining these or co-ordinating them very closely with good physical health care. Similarly the need for the usual child and family services to develop working relationships with those concerned with children's rights and the protection of both child and family under the law is recognized increasingly as of vital importance.

7. Then, I think, we must give up our wishful fantasy that there is one "model" or half a dozen models which if replicated a thousand times over would provide for our nation's children and parents what is needed.

I fervently hope that we are through with the exportable blueprint phase of the development of child care services. Do not misunderstand me - what others have done, how they have organized and carried out programs in their communities and states has an un oubted value in providing information and a starting point. But our mass production, assembly line techniques, useful in some areas, will never work for human services. Our country is too diverse, needs and preferences too varied, human beings too complicated for that to work. More helpful than blueprints, as many have recognized, are guidelines, articulation of principles based upon what is known of human development and behavior and standards of service with examples of how these may be applied in a variety of situation.

Guidelines tend to define, as we all know, the necessary but not sufficient conditions for good care. So our guidelines, too, should, for any one program, always be in the process of being revised upwards toward excellence.

8. I believe that there is not now nor will there ever be enough money to employ all the persons needed to provide the support system families require in order to thrive. So we must ask ourselves how we can create opportunities for people to give of themselves without financial reward? We need these persons - men and women, boys and girls - whom we call volunteers, whom we used to know as neighbors and friends. We often say, with considerable justification - that people should be paid for their work - that otherwise they and others do not value it. However, it was not always thus and does not always have to be so. The volunteer spirit has been one of the major strengths of our country from pioneer days onward. People could not then have survived without the help of one another given through concern for one's neighbor. I believe we can not now survive as a human community without that spirit. Some of the greatest rewards are those that come to us from having meaningful relationships with others, from the self respect of a piece of work well done, from the gratification of being needed. So I ask are those of us who plan, direct or participate in support systems prepared to create an atmosphere in which people are enabled to give to others of their time and human interest. I may be misunderstood. I do not mean that donated time and effort be used as an excuse for not obtaining the needed paid personnel. I do mean that if we are to develop effective psychological supports to families we need the time, energy, interest, talent and benevolence of those who wish to give them. I would urge as another one of our goals, an intensive effort to increase the effective co-ordination of volunteers and paid staff in our support system, recognizing that this too is no easy task.

In closing I should like to add that to those who <u>care</u> the risk is not so different than to the vulnerable child or parent -- that we will not be able to keep hope alive in the face of frustration, that we will not remain purposeful competent and faithful under stress, that we will not mature into generativity or will lose our creative energy, that wisdom rather than blessing us will be replaced by cynicism or despair. <u>We cannot afford to succumb to that danger</u>.

I want to read to you another quotation from the essay of Erikson mentioned earlier which I believe is especially fitting for this occasion. "Care is a quality essential for psychosocial evolution, for we are the teaching species. Animals, too, instinctively encourage in their young what is ready for release, and of course, some animals can be taught some tricks and services by man. Only man, however, can and must extend his solicitude over the long, parallel and overlapping childhoods of numerous offspring united in households and communities. As he transmits the rudiments of hope, will, purpose and competence, he imparts meaning to the child's bodily experiences, he conveys a logic much beyond the literal meaning of the words he teaches, and he gradually outlines a particular world image and style of fellowship. Once we have grasped this interlocking of the human life stages, we understand that adult man is so constituted as to need to be needed lest he suffer the mental deformation of self-absorption, in which he becomes his own infant and pet. Parenthood is, for most, the first, and for many, the prime generative encounter yet the perpetuation of mankind challenges the <u>generative ingenuity of workers and thinkers of many kinds</u>. And man needs to teach, not only for the sake of those who need to be taught, and not only for the fulfillment of his identity, but because facts are kept alive by being told logic by being demonstrated, truth by being professed. Thus, the teaching passion

is not restricted to the teaching profession. Every mature adult knows the satisfaction of explaining what is dear to him and of being understood by a groping mind."

Finally, I ask, can this newly formed organization address the complex task at hand? It, too, I suppose will develop for better or worse. It encompasses, as far as I can tell from the faces and affiliations of those here, those who have hope, trust, purpose, will, competence, fidelity, loyalty, generativity and wisdom. Can it be developed into a mature organization which can be effective in behalf of families?

Let us not despair; let us each work at what we know how to do, and let us do some of our work, at least, together.

Address By: George Miller
Member of Congress
(7th District, California)
February 2, 1976

"WHAT CAN AMERICA AFFORD TO DO FOR ITS CHILDREN"

Thank you very much for that introduction and thank you to all of you for inviting me to speak with you tonight. I'm not terribly surprised that I am here tonight, but I am somewhat surprised that I am speaking to you tonight. When this conference was first announced several months ago and the first flyer came out, I had directed one of my staff members to kind of weasel around to see if we could get a complimentary ticket to listen to the dinner speaker. Then that dinner speaker left and ran for President, so here I am.

What I would like to do is to be able to share a couple of my thoughts on what I think we may be doing wrong, or by outlining what maybe we can do for our children. They certainly aren't the end all in terms of wisdom, but it comes after a year of sitting on the Education and Labor Committee and listening to the testimony on legislation that we have passed or are contemplating and that we are holding evidentiary hearings about. But I think that I would like to consider that I am dedicated to doing it a little bit better. I would be less than candid if I told you I knew how. But I would hope that that's why we're here tonight. Perhaps we can open the first of the dialogues between us so that I, and others in Congress who are sympathetic to the needs of this nation's children, might call upon your resources to help us find the answers to many of the problems that certainly we are not solving with current governmental involvement or programs.

The title of my speech tonight was "What can America afford to do for its children" and there is no question that the answer to that depends upon who you ask. If you look at the President's budget it would seem that the best we could do is build four new penitentiaries and then wait for the arrival of our youth. If you go to Congress and ask them, they will tell you, "We can only do so much, and that is all." If you ask the American parent, though, they will tell you that we must afford to do the very best, for afterall our children are our future. I would respond to all of that and say that never before have the trustees of another's future failed so miserably in their task. The President, in his State of the Union Message, said that life will be better for his children than it was for him.

That's probably true for his children and for a certain class of people. But the budget that he submitted to sustain that state of the union will not help make that a true statement for millions of American parents who must raise their children in poverty.

In fact, the President's budget warns the working poor that they will have to shoulder a disproportionate share of the burden to make the economy healthy. Alan Greenspan says that's the price we have to pay for economic recovery, but if that burden should get to heavy then we will ask the elderly to cough up another billion dollars in added health care costs to help shoulder it. My real concern is what Congress does. How do they respond to this message by the President? Do we continue to go in the same fashion that we have where we say that we can't meet all of the needs? We can only do so much and that is all. After a year of hearings, where time and again I've heard testimony about the numbers of handicapped children, about the numbers of working women, about the numbers of latchkey children, the numbers of retarded children, I still sit in mark ups and write legislation that only deals with a percentage of that need. Well, the question I believe must be asked, is whether that is really the setting of national priorities? Is it really our national policy to rehabilitate only some of the handicapped, to provide quality education to only some of the children, and

and day care for only a few working mothers when so many are in need. If it is, I would say to those mothers who are without day care, to those parents of children who are not being taught to read, to those parents whose child does not receive adequate pre-natal care, that they ought to take that child to Capitol Hill, they ought to take that child to the gate of the White House and they ought to ask this government, "Why not my child? Is not my child a priority child? Why isn't it a national policy to offer my child a decent standard of living and a decent future?"

If aid to the retarded is national policy, then it has to be to all of the retarded. If education of the handicapped is proper, I believe it's proper for all of the handicapped, not just for the lucky few. And no longer can we conduct what I believe is really a national policy of Russian Roulette with the future of our children.

Unfortunately now, in our bicentennial year, (everything is bicentennial in Washington), the response to my plea and to the plea of others for universal programs is couched in the Presidential rhetoric. We have a campaign going on this year as you know. 37 people out there running across the country. And it's called economic realism. It's something that I believe the Governor of my state started and the rest of the politicians, in a desire to be popular and not understanding it, picked it up. It's based upon the premise that if you cut 15 billion dollars out of the federal budget that 15 billion dollars of need goes away. But I've got to tell you, as you all too well know. The budget cuts don't make the old young, they don't make the sick well, they don't feed the hungry and they don't teach the illiterate.

Is it really economic realism to veto the WIC program as too expensive and yet continue to fund institutionalization for children at many thousands of dollars a year? Is it really economic realism to fund millions of dollars in special education programs but not enforce the early health screening programs to detect handicaps? Is it economic realism to fail to provide full rehabilitative services for the handicapped so that they can live a full and productive life? Those are the questions that I think you have got to ask the Congress. You have got to ask the President and those who would like to have his job.

Even we who advocate expanding children's programs realize that there is an element of truth in that criticism, stated very simply: many of the programs simply do not work. But the response of these critics is invalid. Cutting back spending may kill a program but it cannot help the child. These programs frequently fail because they are all too exclusive, too limited in scope, too segregating, too crisis oriented. They are catastrophic and they attempt to deal with the symptoms rather than being preventative and eliminating the sources of hunger, or poverty and of ignorance. They require that a child be poor or a minority or handicapped or malnourished as roughly defined by the Congressional wisdom before they can qualify. They require that a family be crumbling around a child's head before services are extended. In short, they wait for a child to be in a crisis rather than working with the child and the family to avoid that crisis.

A single example of the way in which I have found that the categorical programs fail to focus on the origins of the child's problems, and in fact in many cases have served to magnify those problems, is in the area of foster care. As a result of hearings conducted last December and along with John Brademas and Senator Mondale, we know that the federal government supplies much of the money which sustains the foster care business. We're not quite sure how much because the Director in HEW told us it was somewhere between 300 million and 900

million. But he wasn't sure which. And we only arrived at those figures after Senator Mondale went through some rather corrective addition of what we were spending. But we know that we are spending this money, that we are putting tremendous amounts into this system and yet we receive testimony, we receive witness after witness before our joint committee, who say it's not working. This money is, in fact, fostering the continuation of those institutions where the children may not belong in the first place. And it is, in fact, probably injuring that child because of that experience. Through its lack of accountability and unconcern with quality control, it seems to me that the government displays an insensitivity to children, caring only for the people who are paid to make sure that the child is off the local social service work load. Institutionalization of young children, it seems to me, is a prime example of the catastrophic design of many social programs in America today. Rather than permitting domestic situations to descend to the point where the family fragments and the child is either abused or abandoned, we must redesign our foster care system to promote day care and home services and expand special education and family counselling. Such preventative care is by far cheaper in the long term and helps families to stay together by working with both the parents and the child when problems are first detected.

Instead, though, we have some 700,000 children in the institutions who are receiving varying qualities of care, as you well know. They range from the horror stories of what is happening to some of these children, the process by which they got into this system, the manner in which they are kept there, the fact that the Director testified before our committee that perhaps there were 100,000 children who were simply lost in the system. They knew they were there because they were sending the checks but they didn't know where they were. That is a tragic, tragic comment on that system and I think that those institutions and the children that they house are a tragic testament to the failure of our society to develop a comprehensive system of children's services. I believe this to be one of the greatest challenges and I know that you recognize it also because I know that you have a cluster studying the problem of foster care. I hope that due to some recent developments with Senator Mondale and the Select Education committee, that we will continue those hearings because I think we were both taken a little bit aback in December by the lack of evidence to justify the funding that HEW was asking for.

But if this has to be the year of austerity, if this is the year in which the campaign slogan is economic realism, tightening our belt if you will, the question is not whether we are going to spend, the question is where we are going to spend and when we are going to spend it. And I think that if we continue to avoid to finance preventative programs, we will continue to dole out the greater sums of money in welfare and rehabilitative services that you are all too familar with. We cannot continue to think simply of providing catastrophic care. You can draw the analogy to the health care system in this country. It has nothing to do with preventative care, it has nothing to do with keeping you well. There's no premium in that. The premium is getting you sick.

But we all to often simply play these programs down. In the yearly screening and diagnostic treatment program of which some 13 million young children are to be examined for medical disorders, I am told that less than a third of the eligible children have in fact been screened. My own state is now being fined; we're going to punish the children because the state is out of compliance. And at the same time we're going to allow these children to go through school with these handicaps,

with their medical problems undetected, and we're going to start to categorize them. And we're going to call them emotionally disturbed, and we're going to call them culturally deprived, and we're going to call them educationally handicapped. We're going to label them like they've never been labeled before, when in fact they may be a little hard of hearing, a little bad eyesight and maybe have some bad manners. But they are going to go to an institution sooner or later because we're building the record for them, we're building that file for the want, unfortunately I think, of federal dollars.

We designed the program and I think now we're in the position of having to design the children to fit. I just can't agree with that and I just have got to say that that is the kind of system that we can no longer tolerate. That is the system that is so vulnerable to the attacks of my illustrous former Governor and others, who travel around and talk about the high cost of taking care of people. You know he wants to shift 90 billion dollars back to the states to take better care of the people. He did that in California. He shifted it back to the counties but he didn't give them any money and they didn't have any facilities. But in his mind it's all jake.

One of the biggest fights we had with that man in the state was the question of community based facilities. He was going to turn out the retarded from the state facilities and give them better care in the communities. Except there were no community based facilities, except convalescent homes with untrained people for those children. So I ask you to be a little wary of that gentleman and if you get a chance, I ask you to put him on the spot.

But the health care question as represented by the early periodic screening is not the only area where we abuse or have played down preventative care. In our state, in California, we give a reading proficiency test now to determine whether 11th graders can drop out of school and go on to do whatever they would like to do. There is such a clamor to get out of the schools that we have some way of getting them out. So we gave them a test that would measure whether or not they had the minimal skills to survive in society. Could they read a contract, possibly? Could they understand how to make change and could they read to get by? I think the fact that so many of them wanted to leave school is a rather tragic comment, something we hope to be taking a look at in our committee and elsewhere. But the fact that 55% of them failed that exam, I think, is an even more tragic comment. After 11 years of formal schooling we give them a test and we find out that they don't have the minimal skills, so we're going to keep them one more year. I don't think that's the answer. I suggest that had we given that test, had we worked with those young people in the 3rd grade, the 6th grade, the 8th grade or wherever, perhaps they may not want to take the test, and secondly, if they did, they might pass it. I think again it's a rather tragic comment on that educational system and I think that we've got to work together to find a better way to do it.

You know, during the Education for All Handicapped Children act, which was passed last year by our Committee and by the Congress, I think we adopted a rather improved manner of providing services to the educationally handicapped. That is the idea of an individualized education program where we look at the specific needs of a particular child and we provide in that law for the interaction of the professional people, of the child, and of the parents, to come up with a plan for that child's development. We mandate a review of that plan at least one more time during the year. My question is, why don't we do that for all the

children? Why do you have to be the subject of special federal funds before you have to go in and talk about your child's program, before you can work out a plan of development for your child and get that kind of attention? That's not to deny the need for the handicapped. But it's to show how we deny it to others, and I think that we've got to start designing programs around our children rather than pigeonholing our children into these programs.

No longer can we require a child to be profoundly retarded to receive special education, to be impoverished before being eligible for day care, to be malnourished before he or she is eligible for day care, to be malnourished before he or she is eligible for school lunches and preventative health care programs. If we do, we may save that program, because we save it from attack, because it's accountable somehow to poverty levels and income guidelines, but we're losing the children. We've got to remember that they are all our children, that we've got to start treating them as members of one class and the class is children, and our concerns have got to be about developing their potential and their chance for a decent future.

More profound than my thoughts, in what I think has been somewhat of a negative speech, are really your thoughts and where you think we ought to go. I would hope that my comments have opened up the area for some controversy. I hope that I hear from some of you, where you think I'm wrong, or where you think I'm right, or somewhere in between. But I've got to tell you, since we're in the bicentennial. This is it. We're going to have an election this year. We're going to elect a President and a whole slew of Congressmen and a whole slew of Senators and a lot of local officials, who are going to be making the decisions about where we are going in the future with our children. And if you don't go out and get commitments from those people about where they are in terms of programs for children and for the welfare of children, you've missed the boat. You've missed the boat in the most dramatic sense because you're going to saddle myself, John Brademas and Walter Mondale, and others with Committees that we can't work with. You're going to saddle us with a House that we cannot get to pass a decent piece of legislation. And you're going to saddle us with the White House that will not respond.

Now for those of you who think you might be above politics, that you don't get involved in that crass little game, and that you have no interest in that little game, I think it's rather graphic that you do. Because in this book you outline the victims of bad politics; they are all here. There's the 17 million below the povery line. There's the one in five that are destined to fail. They are all right here. Because somebody didn't get it together in the first 200 years. And the question is this year, not how are you going to rewrite these statistics this year, but how are going to prepare to rewrite them next year after the election. And if you don't go out and get involved and if you don't educate your neighbors and your friends to the fact that the March of Dimes does not take care of all the handicapped children, nor does United Cerebral Palsy, the Salvation Army, or anybody else, then we're in trouble. It requires governmental help. The future of our children is tied up in that kind of political action, and unless you're willing to jump in, then you might as well fold up this conference and forget the next 35 hours, because it's all for naught.

Because what I really hope to come out of this conference is that somehow those of you have far greater experience in working with children than I will have

and certainly have had in the past, will come forth with some ideas to correct some of the injustices, to correct some of the things that are wrong in this system that I outlined. But you know what? This car isn't going anywhere with that message if we don't have the right kind of Congress. Your school board's not going to have the school lunch program if the board members don't want it. And your state isn't going to accept the programs if the Governor doesn't want them. That is what you've got to be concerned with. Because the laundry list that I just went over of some of the things that I think are wrong I'm sure can be added to by each and every one of you, and you may take issue with some of the things that I've pointed out and say they are really, in fact, all right. That may be so, also. But if we don't change it, and we don't extract those promises from the people who are running for office, if we don't make sure that they say the same thing about children in Alabama that they say in Maine or Wisconsin or in California, we're in for a rather tragic 200 years to come.

Somebody told me that I might be here for 30 years in Congress. I don't know if they were my friend or if they were sentencing me, you know. But that's what happens, that's what happens. You elect them and they stay. And so you've got to get it at the outset because we can weasel like crazy once we're elected. We've got nine different ways we can tell you why we can't vote for a bill. It may be amended, it may not come to the Floor, it's not my Committee, I'm not up on it, I have to look at it, read it. That's nowhere. The question is when you are in a community forum and somebody says what do you think about day care, who do you think should be eligible for it, who has a right to it, who should police it, what kind of quality? Those are the answers that count, because there's a little credo among all of us in politics. You remember those ones, you remember those. Before the election you remember how to conduct yourself in most cases after the election.

And I think that's the most important message that you can take from this conference. You've got to become involved. I'd like to work with you and I think I know others who would like to work with you, because I think it's terribly important that we do so. But I dare say, if we fail, if I fail in my efforts to raise these issues, and you fail in your efforts to elect some decent people, then I would say that 25% of the next generation can ask that same rhetorical question that 25% of the current generation asks, and that's, "Why me? Why me? Why was I left out?" To me that's an absolutely unacceptable question, because it can no longer be that way. What I really ask for is your help, and I ask for the full support of your organization, not just for George Miller, not just for your friends, but maybe against a few enemies. Thank you very much.

Address By: Marian Wright Edelman
Director, Children's Defense Fund

February 3, 1976

I'm delighted to be here and I'm delighted to see you here. I don't have any brilliant words of wisdom about problems of children. I thought I'd spend my time on kind of common sense. How do we do something about problems we all know about?

This is a very tough time to be for something in this country that requires change, money, and leadership: everything that families and children need. We have a President who stands up and comes out against jobs. He says he's going to solve the economic problems of our country, while ignoring the fact that jobs are so crucial to family stability and to delinquency prevention. We can talk all we want about these kinds of policies and services. But unless people have a way to make a living and to feel dignity and to feel a sense of themselves as independent human beings and productive human beings, the task of raising decent children and preventing delinquency in the future generations, is really for naught.

I don't need to go through the litany of what's wrong with our children, quite apart from the unemployment problems and the fact that families have a hard time in this country staying together. In the name of family, we go out of our way to act in ways that make it impossible for families to stay together. We pay the most, as we all know, to put a kid into an institution. The next most, to put him in foster care, not with his family members. And we pay the least amount through our welfare system or through any income support system or through adequate public job systems, to keep that child in his home. We have got to begin to call out, it seems to me, for all the public to know the hypocrisy of our posture that says we are for family, when we act in exactly opposite ways to help families.

We know there are ten billion children in our country who fall between the cracks of our health care system. There are millions of children who don't go to school at all, in this country, because they are pregnant or because they are excluded by a range of barriers from school fees to disciplinary practices. Or the fact that some of them have never been found by our school system. And all those who haven't been found are not just handicapped children. Some are immigrant children who came and we never quite found out that they were here and they never quite showed up at school.

We've got to pay for this very dearly in the long run. There are thousands of children in jails, adult jails, all over this country. In large part, the result of a lack of services, lack of options in our local communities for children who have problems or for families who have problems. We just have not yet adequately come to grips with the kind of support systems that keep children in their homes and in their communities. We're going to have to look at this, it seems to me, at a local level, in community after community.

Those of you who are looking for things to do at the local level might just begin by going down to visit your local sheriff and see what ths policy is about keeping children there. And make sure that he doesn't do it.

The litany could go on. But today I'm much more interested in trying to talk about how we do something for children in the midst of the kind of atmosphere you and I know we have. And how we can learn from the past and avoid some of the common pitfalls of our own mistakes. We keep seeming to reinvent the wheel.

And when I talk to you, I'm talking to myself, because these are the things I tell myself daily. I think if we are going to be a success in raising the issue of children and families to a national one, we have got to rely less on good intentions

and more on results. We have got tothink in a more refined fashion about just what are those things we're all going to have to do to bring about change, and how do we do it better?

First, I think if we're going to do anything for children that's going to be effective, we've got to be realistic about what is required to change things. There's kind of a softness that permeates us too often. We need to have instant results. A kind of romantic view about what does get things done.

Many people have a notion that change or advocacy for children means coming to conferences, or making speeches, or talking to important people like the Secretary of H.E.W. once a year. And all of that's terribly important. Or that we might vote in one campaign and elect a more decent official and that's going to bring about change. These are necessary things, but we ought to be very, very clear that they are a drop in the bucket of what it takes to bring about change.

Most of my experience illustrates that change is dull, hard, day to day work. It means reading regulations that nobody else wants to read. It means pestering bureaucrats who do not want to change. It means going back again and again to a public that doesn't want to hear. If reform on behalf of the nation's children is going to occur, it's going to take hard, sustained work by professionals and non-professionals in a lot of communities throughout America for a long time.

Not only must we enage enough people in seeking specific changes on behalf of children, we're going to have to maintain an enlightened and strong corps of them in order to keep those changes once they're achieved. Getting change is only one half of the task. Keeping it once you've got it, is the other half. Black folk know that in this country, and the other folks are going to have to learn that, too. We're going to have to understand that change on behalf of children means sustained, visible pressure, and hard work on a continuing basis.

Change is a process. I feel very, very strongly that children are entitled to realistic and skilled advocacy of the same quality that our opponents have; the proof of the skill is in the pudding and we haven't been winning enough. That means we haven't been good enough; we must have been doing something wrong. We've got to figure out how to do it better.

We have got to be very careful that we're not so busy helping children that we don't take the time to read the bill, to study the regulations, or to stay for that late meeting when all of the decision are made, after everybody else has gone home.

I'm a very great admirer, in many ways, of the Southerners, and I think we might learn something from them because the Southerners stay on the floor and filibuster. They raise issues long after there was any hope -- ten years ago, fifteen years ago, after Brown, when the country was against them, they began to put in their anti-busing amendments. And they got a few votes and nobody took it seriously. The next year, we weren't paying very much attention. They put in a few more votes. But they kept up those amendments year after year after year.

And what do you know? We find ourselves now on the run, don't we? Because they stay late. They don't give up. They believe in their cause and they stick with it; because they understand that people get tired and that people go on to other things And we've got to have that kind of persistence for what we believe in, if we're going to prevail.

Secondly, in addition to knowing what change is -- in fact, it is dull, hard work -- we've got to have a more realistic sense of how to change things. Too often, and

I know why we do it, because we are all stretched in many directions and have too few resources, we all try to do too much and we end up doing nothing terribly well or a number of things all right.

We kind of muddle along in a hit or miss fashion. I feel very, very strongly that we ought to stop being global, being general. That it's crucial to advocacy that we be specific. I don't believe that broad side approaches to change are going to change things for children. People get overwhelmed. You start saying, "My Lord, look at the problems of children in this country." And we all say, "Yes," but everybody gets paralyzed into inaction because they don't know where to begin to do something.

And what our job is, as advocates, is to break down these big problems that children and families have into bitelike pieces, so that people can find a way to get involved at the local level and at other levels. And by being specific, legislators can understand why it is they ought to vote this way.

I don't believe that there is any one constituency for children. I think there are many different constituencies for many different groups of children who will come together, hopefully, if we organize ourselves right into some broader kind of combined coalition based on humanity and self-interest. But we have got to identify those various constituencies and appeal to their self-interest as well as to their decency. And dramatize the childrens' issues in very specific and concrete terms.

I feel very strongly, therefore, that if you're about to try to advocate for children at the national or at the state or at the local level, that you have to pay particular attention to very specific issues that people will care about and relate to in their local communities.

Next, it seems to me we have to become a little less sanctimonious, as I have been in the past, because I used to have a very broadsided view about coalitions. And I must say, maybe I'm getting old or maybe I'm selling out in some ways, but a part of my view about specific issues and specific coalitions around children comes from the fact that I think that we have too often applied a broad means test about who is with us and who is not with us.

We used to say, "If you're not with us for all purposes, then you're not a good person." And if you're with us for some purposes, then we take that, but we never really quite trust people who are not like us in all ways.

And I guess I've come around again by virtue of arguing for specifics, because I think that I learned a lot even though I didn't like it and I got very mad at many of my friends. But I learned a lot from the child development fight of 1971 and the welfare reform fight of 1971 when many, many, many groups managed to sit down for the first time, around child development legislation, when almost none of those same groups were speaking on welfare reform, which were terribly related issues.

It taught me something about, again, trying to pick issues that appeal to the self-interest of different groups that may not be with you on other kinds of issues. But I guess we have to be specific in picking our issues and thinking about who are those groups that are going to be affected and how might we appeal to them, both to their humaneness and to their self-interest?

The third thing, it seems to me, in being realistic about change, is that we have to recognize that there is no one way to change things. Now, lawyers think they know everything about changing things. We think that we can go out and set new principles or get a case in court and win it, that that's going to be the thing to do.

And the rest of us who are big federal policy people and monitors, think that is really where it's at. That it's the matters of enforcement and that's what we've got to concentrate on.

And those of you who are local level organizers just simply know that's not so, and you think that the key really is in organizing communities around selected issues.

All of us are kind of right and all of us are kind of wrong. Lawyers can establish rights, but they can't get people to take advantage of them. Parents have to do that. Citizens have to do that through information and through involvement and through organizing.

Federal policy monitors, like some of the people in my staff and many of you here can be superb in trying to protect the interest of the poor, of children and families at the federal level. But if they're not able to translate what they know out to you in local communities who have work to do, who can translate that into meaningful change for parents and children, then administrative monitoring is not going to go far.

Many of us say we ought to concentrate on the legislative process. That's true but that's also only half of the issue. Legislators can pass mighty laws, but Congressional intent is only as good as administrative regulations and the bureaucrats who are there to carry it out. And how good the bureaucrats are to carry it out depends in large part on the pressure of constituent groups.

Somehow, we have got to hook up those local community organizers with the knowledge that those of us who engage in federal monitoring have, with those of us who look at the legislature, and with those of us who also file law suits, and see how all of this can somehow feed into each other and strengthen each other, because those of us who are federal policy monitors will have much more affect on bureaucrats if they can know we're speaking for some kind of constituency in their letter from you that says, "Yes, we do want that regulation this way."

And we in turn can make community organizers more viable, it seems to me, by giving them the kind of technical back up and information that they need to be more effective at the local level.

We have got to begin to hook up the various disciplines. There are and should be no turf problems between those who work at the national level, at the state level, and at the local level.

There are and should be no turf problems between those who are lawyers and believe in litigation and those who are organizers and those who are monitors and those who are for legislation. We need each other and we need all of these things if we're going to bring about change for children.

There should also be no issue turf problems in the childrens' area. None of us has begun to scratch the surface of the childrens' needs that require attention. There is no need for all of us to fight over three beach chairs and a foot of beach when there are miles and miles of uncharted beach that nobody has begun to touch.

We should understand that we enhance each other by our successes and our respective areas, and that we further the cause of children by our consolidated strength. We should not waste time fighting the wrong enemy.

Next we should recognize that advocacy without remedy is not worth a cent. We have spent a lot of time addressing problems that aren't soluable or problems that people don't care about, while ignoring those we could do something about.

I can't emphasize too much how strongly I feel about being specific and careful in selecting what is the problem. We spend so much time responding emotionally without responding with our head as well. And both are required for effective advocacy.

People out in the local communities don't need any more great do-gooders telling them what's wrong with their lives or what their problems are. They know what their problems are. What they need to know is how to do something about it. Who is there to help them? What are the sources of information? What are their options?

Now we are all in dismay in many ways about our inability to move the legislative process and to get more resources for children. I am for getting new legislation and I am for getting a lot more money, but I also want us to understand there's an awful lot that we can do as advocates with the laws and the money we've got.

If I had to suggest one thing legislatively and administratively that wouldn't cost a dime it is that every new piece of legislation that affects people should have built into it an accountability mechanism. There is already available in many laws the right to get information; the right to go to your school system and ask how many children they are suspending, who they are suspending, why they are suspending them and the racial breakdown of those suspensions, which gives you an entree to begin to examine school district policies at the local level.

You've a right to go to your school system under the Freedom of Information Act and ask for all kinds of information required by H.E.W. in special education. What kind of special education programs do they have? Who are they serving? What are the racial background breakdowns?

You can begin to learn an awful lot about grouping and tracking and classification and labeling and the quality of services in your community. There are an awful lot of information requirements which, by simply asking, begin to move some things.

I can't encourage you too much to seek information about school policies and about various federal laws. Make sure that they produce them and go back and say, "What does that mean?" or "Why are these policies this way and not that way?" Because I think that, again, the issue is to begin to get the information and begin to hold people accountable for information that you get.

We should begin to build in (and take advantage of when it's already built in) various kinds of administrative challenges -- hearings, judicial access; every new law should have built into it the right of people at the local level to challenge through administrative procedures and through federal law.

These accountability mechanisms which should be there as a matter of course are not terribly expensive. We may argue that's not going to be the answer to anything and only a few people will take advantage of them. But a few people is us. If we can somehow have those routes of appeal clear, we can begin to stir up trouble and begin to ask questions and proceed to challenge policies.

We need to look at those laws which are on the books, to look at those policies which are there for us to see -- a range of school policies. Can pregnant girls go to school in your community? Are there school fees that keep children from going to school, or from getting free books and therefore causing them to drop out? There is a range of specific questions that you could get into by simply deciding that you're going to go to agencies and ask for information.

Even if we get our own heads straight and begin to think through in specific terms what we want to do and how we're going to do it, we're still going to face a number of barriers to change for children. Our biggest barrier, as I think I've indicated, is going to be our own habits and our own attitudes -- our own fears as we are overwhelmed by the odds against us and overwhelmed by the problems and needs of children.

But we should not come out as beggars. We should come seeking help for children not defensively but as if we believe and because we should believe that what we are seeking is what is right. It's what children need and it's what children will have because we are determined that they're going to have it.

We needn't apologize to anyone for advocating for children, for seeking to help our young, or to preserve our future. So we should come out fighting nonoffensively, aggressively, affirmatively. Not apologetically, but because we feel that children and families are a priority and we're determined to make that felt politically and with the kind of sustained pressure I've been talking about.

Another barrier we're going to face in trying to advocate effectively is going to be what I call -- and all of us are guilty of it -- entrenched professionalism. Now, so many of us have worked so long in designing and administering policies that we don't want to admit that maybe we haven't done it always the right way. Or some of the things we've got a great stake in may no longer work.

I include myself among us, but we all have got to reexamine our own attitudes and to force other professionals to reexamine their own attitudes about ways to do things and to open themselves up to rediscussion of the issue.

So often we get out of touch and I'm as guilty as any of us here, because I found out when I did some surveys of parents and children -- say, children out of school -- the issues that I thought were important beforehand turned out not be so important. And I thought about it and it turns out that who I talked to -- people like you, my friends, other lawyers, other advocates -- are a far cry from talking to other folk out there at the community level. We've got to be very, very careful that we, ourselves, are not picking issues that we find interesting as opposed to issues that are, in fact, important to people in whose behalf we're seeking to change.

We're going to hear a lot of excuses from other folk and that means we're going to have to be terribly sophisticated. One of the common ones we're going to have to be terribly sophisticated. One of the common ones we're going to hear from almost everybody you deal with in a bureaucracy (we've got to get used to them and we've got to be prepared to meet them) is the litany about how "we're the experts." We're the experts on children and families. We're the school officials. We're the experts. We're the welfare officials. We're the experts. We're the health officials. We're the experts.

Well, if they're such experts, the kind of problems we're addressing ourselves to should not exist. We should not be cowed down or overwhelmed by this kind of defense.

You also find, so often, when you go in to do something for parents and children that everybody says - the experts say -- that parents do not understand the complexities of the problem and should stay out of it. Well, we've got to understand that the best advocates that children have in the long run are their parents. The best thing we can do for the most children in this country is insure that they have the best families they can. We haven't found anything to beat the family yet.

It's unnatural for parents to stay out of decisions affecting the well-being of their children. We've got to begin to look at this, and a range of institutional decision making processes from schools to health care, to welfare and to all the rest, because so often we treat parents as if they're beggars, as if they're outsiders, as if we're doing them a favor. And that, in fact, is not true.

Involving parents and beginning to get them involved in the change process is not only important in terms of spreading the potential force for children, but it also makes sense in policy terms. While recent research always changes, at least it seems to tell us these days that what works best for children -- whether it's early childhood or remedial education or anything else -- are those programs which build in and enrich parents' involvement on a continuing basis with their children.

Let's try to get to parents. Let's try to give them confidence again to act. To give them the confidence to know that it's all right for them to go to a school, or to ask a doctor questions, or to pester a bureaucrat for a service that they're entitled to.

You're going to hear often in trying to do something for children, that we've known all along about these things happening. Everybody knows about the problem once you mention it. And they've made efforts to correct the situation, just give them time. We've got to be thoughtful and realistic about how much time it takes to change things, we've also got to be very plain in asking ourselves in how many cases in time all that is needed for change? How many times is this used as a delaying tactic, or insensitivity to a child's continue endurance of an injustice?

You're going to have another response among everybody at all levels of the bureaucracy. It's called generalized guilt. We're no worse than anybody else. These states do worse than we do, or that agency is worse than we are. We should understand that this is not either a moral or a legitimate answer. It is never right to do wrong because others also do wrong. And we have got to begin to challenge this lack of leadership, because if we can make some people take their responsibility and do their jobs, then others might actually follow.

We're going to face a response very often, particularly among academicians, (and among politicians right now with all this cost effectiveness) that way we really are not going to be able to act on behalf of children and families or do anything until we know more about the causes and effects of various programs. We must continue to study the matter. Now, I believe that basic research is crucial in a number of areas effecting children and it should be supported. But it's not clear to me that we don't have ample information in a number of areas that tells us what it is we ought to be doing <u>now</u> to improve the lives of children.

I don't personally think that it's a responsible position on the part of a legislator or a policy maker or an administrator to argue continuously that we've got to wait until all the facts are in before taking immediate steps to meet very real and immediate need.

A hungry child does not need to be studied. He needs to be fed. A child who is excluded from school does not need to have any great long investigation, he needs to be in school We have got to approach this issue with common sense and with the demand for urgency.

We should not let ourselves fall prey to the double standards. I think we ought to know more about the cost effectiveness of our programs. We ought to ask these questions. We ought to be more efficient. But we ought also not to be the only ones who are being hamstrung by those standards. Let's make sure that we don't think that we have got to prove things that are basically unprovable in many instances, that nobody else has been asked to prove in the legislative process.

We should also be very clear that many of the conditions that we're trying to change, whether it's immunization of children or all the rest, don't require study. They require action.

You're going to have a lot of people say -- and you should not be sensitive about labels -- that people who advocate for children are radical. Or people who sue are radical. You're going to face a double standard and you're going to have to deal with this in your local community. And all of you are going to think about what is proper? What will my neighbors like or not like?

And again, I think we've got to figure out a way to think what is it we have to do in order to bring about change for children? Now, there is a double standard abroad in this country. People like me do litigation. We're immediately attacked by other people and many foundations are terrified of litigation and the legal process, even-though it is the established way for changing things in this country and for righting injustices. If a corporation sues, that's considered proper and their lawyers are terribly well paid. But when public interest groups sue on behalf of children, that's considered somehow unrespectable.

We should not accept this kind of dual standard and we, ourselves, must not get boxed into the image of what is proper. People are always yelling, "Impropriety!" when any change is demanded of them. And we, again, simply have to have confidence in our issues, in our own preparation, and in the rightness of what we're doing.

Finally, I think that we're going to have the great barrier we all know, of trying to find change in a time of increasing scarcity. So many people are willing to do things for children, for families, or for anybody, if it doesn't cost them anything. But cheap humanitarianism is not possible anymore.

We're already, in terms of the kinds of statistics that your booklet has, reaping the result of years of neglect and unequal allocation of resources to certain groups in our society. As child advocates, if we're going to survive, we're going to have to survive, we're going to have to rise above this.

We often get built into almost an endless box of divide and conquer, because what all the people in the country who are not for children and families have us doing, they have us fighting with each other. Those of us who are for health are vying with those who are for day care, and those of us who are for day care are vying with those of us who are for education. And those of us who are for education are somehow competing with those who want legal services. And we've got to overcome that and to start fighting to make sure that the slice of power is much bigger, than rather fighting each other over the very small and unfair slice of power that we've been given by others.

Those of us who are child advocates must begin to assert the needs of families and children against other major interest groups. This is going to be very hard. It's going to require a lot of homework. It's going to require a lot of politicization because we're not going to change the legislative process until those legislators begin to feel it in the elections. We ought to have as much of a "dirty dozen" approach for children as there is for the environment. And we have to let people know that if they don't vote right on children and families that they're going to feel that the next time they get up for office. Until we can begin to translate issue organizing into the kind of political process that is felt at the ballot box, I'm afraid children are not going to get their fair shake.

I would hope, as you go back to your local communities, that you would look into those laws that are already on the books that need help, and need organizing around, in your local community. A lot of you may be disappointed by Title XX of the Social Services Act but it does provide the major source of public money for child care and it needs to be implemented. It calls for public involvement in the planning process that we really ought to be taking advantage of, because we ought to be trying to get that money for our cause at the local level. And we ought to be looking at the state plans that are being eveloped in response to that law.

We have a handicapped law for the education of the handicapped. And there are a number of state plans that are going to be required for that. When are we going to look at the kinds of programs that school systems are running for children, including whether they're meeting the requirements under this law? We've got to go out and examine the discipline policies in our various schools, simply first starting by asking for information and finding out who are the kinds of children who are excluded? Are pregnant girls excluded? Are handicapped children excluded? Are poor children excluded because of fees and other things?

There's a new Buckley amendment, a Family Educational Rights and Privacy Act, which gives parents the right to have access to school records. We ought to begin to go and find out what's in those school records, becuase the implications for children can sometimes be quite severe.

But we also ought to use this one area of privacy concern in the school records area to think about the privacy concerns of children in other areas. What are the privacy implications of screening programs? There are a number of laws, it seems to me, that give us an opportunity to begin to ask questions at our local level.

And you know, I always sit down by repeating Grace Abbott, because we think everything is so hard today. Grace Abbott thought it was hard back then, too. But I love her quote, which I always use, in 1934 when she said how discouraged she always got when she came to Washington. She said that, "Sometimes when I get home at night in Washington, I feel as though I had been in a great traffic jam. The jam is moving toward the Hill where Congress sits in judgment on all the administrative agencies of the government. In that traffic jam are all kinds of vehicles. There're all kinds of conveyances. For example, the Army can put into the street tanks, gun carriages, trucks. There are the hay ricks and the binders and the plows and all the other things that the Department of Agriculture manages to put into the streets. The handsome limousines in which the Department of Commerce rides. The barouches in

which the Department of State rides in such dignity.

"It seems to me, as I stand on the sidewalk watching it, it becomes more congested and more difficult. And then, because the responsibility is mine and I must, I take a very firm hold on the handles of the baby carriage and I wheel it into the traffic."

The traffic is a lot worse since Grace Abbott's day. We're going to have to grab those handles of that baby carriage and roll it into the streets and give it a good hard, continuous fight.

Thank you.

Address By: Senator Edward M. Kennedy
of Massachusetts

February 3, 1976

It is a great pleasure to be here with you to discuss health care for America's children. Over the years, I have had many opportunities to work with the organizations represented here today and I believe that together we have made great progress. Many Federal health programs are on the lawbooks due in part to your strong support--for example, the Lead-Based Paint Poisoning programs, Children and Youth and Maternal and Infant Care programs, and the Early and Periodic Screening, Diagnosis and Treatment program.

The year just passed also held some victories for child health. I was pleased at our success last year in overriding the President's veto of the Health Services Act, so that Neighborhood Health Centers, Mental Health Centers, Family Planning Programs, and Migrant Clinics across the country can continue to operate. In the new law authorizing these programs, P.L. 94-63, we've required every community mental health center to have a special program for children, and we've vastly increased the amount of support for consultation and education activities in public school systems, in the courts, and in other community agencies that bear directly on the lives of our children. We've also included a requirement that all Neighborhood Health Centers offer preventive services and well-child services to the children of every community in which they operate.

I am also pleased at last week's override of the President's veto of the FY '76 Appropriations bill. Without this bill, children's programs would have been subject to a year of serious cutbacks in funding. The override vote reaffirms our Nation's commitment to these domestic social programs.

Indeed, there is growing awareness in the Congress of the importance of assuring every child in America a decent level of health care. I believe the organizations represented here have had a great deal to do with this awareness and I commend you.

Unfortunately, however, the picture before us is clouded. We have managed to keep vital programs for children on the lawbooks, and we've gotten them appropriations, but we haven't gotten them anywhere near the money they need to do their jobs.

The Appropriations bills devote only the barest minimum required to keep health programs limping along for another year. By the time Congress had compromised enough with the President's budget to assure we could override the President's veto--we had cut programs nearly to the bone. For the last 7 years, we've had to fight at every turn to keep health programs alive--and we've only barely succeeded. Budget cuts and inflation have taken their toll. Many clinics have whittled down their staffs and services during these years--and many are doing less for children today than they were several years ago.

And, as always, it has been the children and the poor who have been hurt most by these cuts, and may be hurt even more.

And to make matters worse, the President proposes to cut health services even further in FY '77. His total budget for health grant programs is $900 million under FY '76 and $700 million under FY '75. His "revenue sharing" proposal for health involves at least a $500 million but under the FY '76 appropriation for these same services. For clinics funded by Maternal and Child Health Programs, the President would appropriate less in FY '77 than they received in FY '75. Maternal and Child Health clinics received $293 million in FY '75--the President would set aside $210 million for them in FY '77 under his Revenue Sharing Program. Of course, the President's budget says it "protects" these clinics from being cut recklessly by the States

under revenue sharing--it says they can "only" be cut 20 percent in the first year, 50 percent in the second, and 75 percent in the third. And rest assured, they will be cut that much if the President has his way. He guarantees it by strangling the flow of Federal dollars to the States.

Indeed, in a time when 1/3 of our preschool children have not received basic immunizations against infectious diseases--the President would cut grants for disease control from $56 million in FY '75 to $25 million in FY '77.

In a time when alcohol consumption is rising among teenagers, when motor vehicle accidents are their leading cause of death, and when homicide and suicide together are their 5th leading cause of death, the President would cut alcoholism programs from $104 million in FY '75 to $79 million in FY '76 and he would cut Community Mental Health Centers from $213 million in FY '75 to $131 million.

But the cuts go even deeper than this--the President has given State Governments a free hand to cut back on Medicaid programs. The States no longer have to match the $9 billion Federal dollars earmarked for Medicaid in the revenue sharing proposal--and all Medicaid requirements (including the early and periodic screening, diagnosis and treatment program), would be eliminated. The States could potentially impose cuts in health spending that eliminate nearly half the Medicaid services in the country.

And the States will cut Medicaid. They already are.

State budgets all over the country are running millions of dollars in the red. I am sad to say that in my own state of Massachusetts, major cutbacks have been made. There are simply too many people who are poor and out of work. Tax revenues are down, costs are up, and the poor and their children get caught in the middle.

These cuts are doubly tragic for the poor. We are told the cuts are necessary to solve our economic problems. But the people who are hurt most by the cuts are the same Americans who have already been hurt the most by inflation and unemployment. The poor, the disabled, the millions of Americans living on limited incomes--and their children--are being asked to pay the price of curing our economic ills.

I do not believe that we as a Nation are so bankrupt in spirit that we must ask this of the poor and their children. I believe Americans are willing to pay the taxes needed to maintain these health programs.

But, I also believe it will take every bit of support this Council can muster just to hold the line against these cuts. The Senate has already begun hearings on appropriations for health. I urge you to join me in advocating decent funding levels for these programs, and in opposing any further cuts in federal programs offering health services to children.

We must preserve the progress we have made in providing health care for children as the foundation on which we will build the services America's children really need.

Indeed, we have a long way to go. In fact, while our government pays two-thirds of the costs of health care for Americans who are over 65, it pays only 25 percent of the cost of health care to Americans who are under age 19. We spent $16.0 billion on our elderly in FY '74, but only $3.6 billion on our children. This represents a public expenditure, (continued on next page)

mostly under Medicare and Medicaid, of $734 for every person 65 and over--and $49 for every person under 19. Of course, what we are doing for our elderly is frequently not enough--even at those levels. But, what we are doing for our children in many communities is an outright shame.

I have long believed that health care should be a right for Americans--that we should guarantee decent health care to every member of society. Nowhere, is this need so clear and urgent as with children. Several years ago, I walked through a rural community in West Virginia where a physician pointed out the slightly twisted ankles, the lame arms, and the dull lethargy in many children. He testified that in one way or another, they reflect health care never delivered, or delayed until too late. Children had debilitating diseases that result from lack of basic nutrition, sanitation and hygiene. Their parents simply didn't know better.

But, I don't have to tell you--you can conjure up the picture in your mind of a community too poor for the most part to own cars, miles from the doctor, afraid of the hospital, and too proud to ask for help they can't pay for unless they're convinced it's really an emergency.

And it isn't limited to extreme cases like this one. I've talked to low-income parents in many rural and urban communities who wait to make sure their child is really "$15.00 sick" before they take him to the doctor. I've also talked to parents waiting for 4-6 hours with a sick child in city emergency rooms to get medical attention.

In situations like this, where people are short of money, where it's hard to get to the doctor, where they must wait for hours, and where they face indignities along the way--their children don't even receive good acute health care, much less the best care our society can offer. I must say I've also seen some of the fine work done in Maternal and Child Health programs and Neighborhood Health Centers. But, too few of our children are receiving this care.

And there are statistics that bear out these personal experiences:

- In the mid-1960s, 15 percent of the 18 year-old boys who volunteered were rejected from the draft for medical reasons that might have been helped.

- One-third of the women whose infants are delivered in public hospitals have no prenatal care at all.

- The infant death rate for minority children in our Nation is nearly twice that of whites, and 50 percent more minority preschoolers die of such infectious diseases as influenza and pneumonia.

Nor is the problem limited to children in low-income families.

In a 1975 survey, the National Academy of Sciences found that:

- One-fourth of the younger children surveyed were anemic,

- Forty percent of the children who wear glasses could see better without them, and

- Eighteen-to-twenty percent had active middle ear infections.

And these findings held true across income lines. Childhood diseases are simply not being effectively screened, diagnosed and treated in our country--and our children are facing unneeded obstacles to growing up, getting educated and becoming productive adults in our society.

I have long been convinced that, while we need special grant programs to address the health problems of our children, ultimately we can make good health care a child's right in America only under a program of national health insurance.

Ultimately, all our public programs to date are only a beginning. I am convinced we will never have decent health care for all of our children until we have one comprehensive insurance system that covers all Americans, regardless of their income, their work, or any other factor--and makes special provisions for our childrens' needs.

The fact is that over 40,000,000 Americans today have no health insurance at all. And two-thirds of all Americans have no insurance coverage of doctors office visits. And almost no one is covered for preventive services and routine well-child care. Those services must be paid for out-of-pocket, and as costs go up, they are the first services that budget conscious families sacrifice. It's a tragic error-- and what this means in people terms, is that millions of children in our country simply don't receive the kind of basic health care that everyone in this room knows can lead to fuller and richer lives.

In fact, if we look at what good health care could and should be for children, we find critical areas that private insurance will never cover--and that we only pay for now through charity or hit and miss government programs. For example, serious education in basic hygiene, in mothering and parenting of children, in nutrition, and in the risks of alcoholism, drug abuse, and reckless driving. And yet, while these touch on the leading causes of injury and illness in children, we don't have a way to pay for hospitalization of a child who is suffering the effects of malnutrition--but it won't pay for nutrition counseling--not even in the doctor's office. Insurance may even pay for an operation to straighten a twisted limb--but it won't pay for the well-child care that might have caught the deformity and corrected it in infancy.

We simply don't have a health insurance system that encourages parents to get the best health care that we know how to offer, or that allows our health and social service institutions to organize the services they know will do our children the most good. Some of the very things health experts seem to feel most strongly about assuring to every child seem to be the things we leave to be paid out of the parent's pocket--or out of shrinking state, county and municipal budgets.

I'm convinced that until we pass a national health insurance program that removes these financial obstacles, and makes good health care more easily available, we will never be offering our children what good sense and human decency require us to offer.

We need a national health insurance program that has no deductibles and no coinsurance for maternity care, for preventive services, and for routine well-child care--including such things as nutrition, counselling, psychological services, health education, and even transportation when it is an obstacle. And the program should cover these services whether offered in the hospital, in the doctors office, in the maternal and child care or neighborhood health center, in the school--or wherever good sense indicates is most appropriate.

The Health Security Program, which I have supported, covers all such services without deductibles and coinsurance. Centers and clinics would be fully reimbursed on a budget basis like hospitals. I believe this type of comprehensive insurance would have an enormous benefit to our Nation's children.

Compare this to the program of catastrophic health insurance proposed by Senators Long and Ribicoff. The program would pay for acute care after 60 days of hospitalization or $2,000 in doctor bills. Such a program would do next to nothing for children--in fact, we may end up investing billions of taxpayer dollars in illnesses and injuries that could have been avoided with good health promotional care earlier in life.

I also doubt the wisdom of extending Medicaid in perpetuity, as Senator Ribicoff proposes. It would always be a separate and second-class health care system for the poor. Medicaid's record in child care is unimaginative, at best. If we are to offer good health care, it must be under an insurance plan that not only covers the right kinds of services--but covers them for all Americans and all children, regardless of income or any other factor. A separate insurance program for the poor is inevitably an underfunded and second-class system. A system where indignity is added to the list of reasons not to get your child the care he needs.

Good health care for children, of course, involves more than insurance--it involves a rational delivery system that assures continuity of care from prenatal care through adulthood--and from health education and routine check-ups through open-heart surgery. It involves focusing on the needs of children as total persons, in the context of their family, and their community--and structuring our agencies and services around these needs, instead of trying to bend our children around and among these agencies.

And ultimately, of course, good health care for our children involves our commitment.

Ultimately, the future health care of our children comes back to the basic question whether we are commited to making health care a "right," in our society.

I have long believed that health care is like education, and should be guaranteed by our society to every American. Just as we assure our children a public education, I believe we should assure that they get adequate health care.

We place a great value on the individual in our society--and on his opportunity to grow, to work and to live his own unique life to the fullest. We know that our children are our future. As a Nation, we will only be as great in the future as we prepare our children to make us. If we show them no compassion today, while they are young, they may well create an America short on compassion tomorrow, when they are grown. If we allow illness and injury to blight our children's growth today--we will create a blighted society tomorrow. We know that some children grow up in America--with needlessly clouded minds and twisted limbs. We can do better than this. We have the resources and we have the know-how to guarantee health care to all our children as a matter of right. And becuase we can--I believe we must.

We are the richest and the most powerful nation in the world, and what is the value of all the richness and all the power unless we're going to provide decent and quality health care for the children of the nation?

I have seen the very best of health care for my own son. I've gotten the very best that money can buy, and I'm one United States Senator that is not going to be stilled, whose voice will not be quiet and whose vote will never be submerged until we get that same kind of quality health care for every child in this nation.

SUMMARY OF CONFERENCE DISCUSSIONS
Final Plenary Session

February 4, 1976

Family Income Policies
Mary Dublin Keyserling
National Consumers League

This is an almost impossible job to summarize the discussions which took place in eight scheduled workshops on family income support. But let me amalgamate and put the discussions together in a consolidated form.

Family poverty is the child's worst enemy. It means malnutrition, the prevalence of illness, and high mortality rates. It means a crippling environment, barriers to learning, and the stultification of the spirit. America with its wealth of human and material resources has the means to end once and for all, and within a relatively few years, the terrible affliction of inadequate family income and the crime it commits against our nation's children and youth.

These were the fundamental assumptions of every workshop on family income support in which I participated. And these assumptions were the underlying thrust of Kenneth Keniston's excellent talk which opened the first plenary session of our conference and set the tone for the workshops that followed.

Another underlying assumption of these eight workshop groups was this-a faltering economy subject to recurrent recessions such as the one from which we are all too slowly, very slowly emerging, aggravates poverty. In fact, poverty rises in recession years such as 1974 and '75. A faltering economy means sharp cutbacks in vitally needed services to children, youth, and their families.

Who knows this better than those of us here today concerned with the acute need for day care and child health services, with juvenile deliquency, with adoption, with foster care, with the myraid other problems with which we cope? And when our economy falters as it has been faltering for the last two years, we are told we cannot afford what we know we cannot affort not to do. And we are moving backward in sad retreat. What is the basis of the attack on the Mondale Bill that means so much to all of us? We cannot afford to do what we must do.

One of our workshops brought out these salient facts. The six recessions of the past 25 years and our unduly low average rate of economic growth over this period gave us 61 million man years of unemployment. This last recession has had a criminal impact on our youth. We've talked a lot about children at this conference, and not enough about youth. And these workshops on income maintenance were concerned with one of the most horrendous problems of our time.

How many of you know that half of our teenage black youth now need-want work, and are deprived of it. The official unemployment rate as we pointed out in these workshops is 42 prevent, and the true rate of unemployment of teenage minority youth is over half. What a way to start on the threshold of life.

Had our economy, instead of faltering, maintained the healthy rate of growth of which it was capable during the past 25 years, we would as a nation have produced three and a half billion dollars more in goods and services. The average family would have enjoyed $20,000.00 more in income. And when people are employed at decent wages and

at good jobs they're taxpayers; at the prevailing rates of taxes over these 25 years our state, federal, and local governments would have collected $920 billion more in revenues. This was one of the most important points of emphasis in two or three of the most important workshops in this area.

That is brief is the significance of high levels of employment production of which we're capable. Suppose that as a nation with those $920 billion more in revenues which is a good, healthy economy would have produced, we had had 10 pervent of this to spend for children and youth. How would you like to have divided that 92 billion among the needs of our children and youth. What wonders we could have brought by way of health, childcare, and other services.

The central conclusion of the family income support workshops was "Let's get America on the move again!" Many participants called for support by ourselves and our organizations of the Humphrey-Hawkins full employment bill, which in its revised form will be reintroduced within the next week or 10 days. And I think because all of these income support workshops stressed this particular approach to the maintenance of family income, I should spend just a half a minute giving you a sense of its central thrust.

The plan would require the President to forward to the Congress 60 days after the law's enactment a plan to reduce unemployment to three percent within three years-a totally feasible undertaking. The plan would have to contain goals for meeting our major domestic priorities, our job needs, our job training needs, our housing, health, education, environmental and other needs. Our economic policies, our monetary, fiscal tax policies, would be required to stimulate the creation of jobs in the private sector. And to the extent that the three precent unemployment level goal wasn't reached, public service jobs would have to be created to take up the slack.

Many workshop participants stressed the need for massive public service jobs and the continuation and expansion of our job training and job placement efforts. There was stress on the need for the maintenance of food stamp programs. There was also the recognition, however, that with high levels of employment production most families would earn enough to live on.

Said one discussant, our maximum stress must be on good jobs at good pay. At the same time we must recognize that some family heads won't be able to work; the disabled, the old, those with dependents to care for. And for them a minimum income level must be assured. The concurrence of our group's work was that the level not be the present official poverty level, which is not a living standard, it's a little above five thousand-but at least at the Department of Labor minimum adequate living standard level of seven thousand.

An economy going full steam ahead would have the means to assure adequate income levels for all our families. In one workshop the question was raised, "Wouldn't a full employment program be inflationary?" "No," aaid discussants and a good many of the participants. Experience in the post war years when we've had high levels of growth and low unemployment, we've had less price increases than in periods of starvation and recession. All the groups, that I participated in, and the notes from those that I couldn't get to, agree that part time and flexible work schedules with entitlement to all benefits on a pro rated basis were essential.

Most called for the improvement of unemployment, social security benefits, and a living minimum wage. There was general consensus that we must have federal standards, and the hideous inequity results.

Concern was expressed not just for the economic expansion but concern for the quality of life. Above all it was emphasized that our economic and social policies must focus on the enlargement of choice. The woman who wishes to stay home to raise her own children should have the choice of staying home, a choice possible only when her income and the income of her family is adequate. And those who wish to work should be assured of the right to a job at a living wage.

Of concern to all of us is how do we educate people to recognize the terrible price we pay for poor economic policies that mean unemployment, budget deficeits, inability to provide and pay for services to meet human need? How do we educate people to recognize that we can and must meet human needs? This is the central challenge to our organizations and to our National Council of Organizations for Children and Youth. Our job is produce the kind of informative materials through our publications and our meetings, and in all possible ways to help people see how great is our common stake in turning the economy around and getting us on the move again. There were long lists of specific ways of educating our people to mobilize together to realize the goals of which we're capable.

In closing I think one can sum it up by saying that we can reach our goals, we can reach our targets, we can assure adequate living standards and jobs for all if we together work to inform, to mobilize, and to make ourselves felt. The future of our children is at stake.

SUMMARY OF CONFERENCE DISCUSSIONS
Final Plenary Session

February 4, 1976

Child Care Policies

Mary Allen Jolley
American Home Economics Association

Thank you, very much. I share the feeling that I'm sure most summarizers do, and that is that it's very difficult to summarize meetings which you didn't have an opportunity to attend. It's too bad that we couldn't be at eight places at once. My task is to summarize what I think are the important messages of this conference with respect to child care needs.

I think Dr. Burton White and others reminded us again of what we have learned and what we know about the importance of the early life of children. That the first three years of a child's life are most significant. At this conference we have reviewed and restated what needs to be done, what should be done, and what can be done. That phrase,"What can be done," is sometimes called political realities.

We've thought about a national policy of training and assistance for parents, recognizing the importance that parents have as the first educators, and that parenting must be learned, It does not come instinctively, and that many poor, single, and teenage parents have needs for many more resources for learning their roles as parents.

One participant stated that one half of what accounts for differences in performance in school is the result of what goes on in the family and the home. At this conference I think we've recognized that day care, full time and part time, must be available for those parents who want it, for children who need it. One group suggested that this statement should be submitted to the entire group. It says that we believe that the opportunity for education and the development of the child should not be dependent on the economic level of the parent. We strongly urge that the government assume responsibility in stimulating and providing quality child care services through such measures as the Mondale Long amendment, and the Mondale Brademas bill.

Then we looked at the importance of the quality of staff who work with children, and we discussed how to select and how to prepare them, how to use teenagers and the elderly in providing day care. A family impact seminar stimulated us to think about public policies that impact on families with the realization that what we actually have is a set of mindless, inarticulate policies that are not coherent, that do not support families, and may indeed be harmful. We also recognized, I think, the complexity of the problems associated with isolating and measuring the factors that constitute a healthy family, or that create stress.

And then came the political realities. The reality that there are not -- the reality that not only are we facing budgetary constraints, that there may be no major new initiatives for children, for day care, but that we will have to battle even harder just to stay where we are. One legislator, an advocate for children, said, these last eight years may be a period in which we will be remembered for what we have kept from happening, rather than a period in which we created a better life for our nation's children.

We've heard much that is important, inspiring, significant, but it seems to me that in terms of day care that we should take from this conference some understanding and insight into two major issues, and that really is the essence of this summary. The first has to do with us, who are at this conference, on an issue or problem that we might label turfdom or turf guarding. All of the organizations and individuals that make up NCOCY have a commitment to and an interest in children and families. So we all start from a common base.

We get at this commitment from differing points of view, and from many aspects of the delivery of services to children in families. All of us are engaged in important and significant efforts and the scope of our work and our resources are impressive, However, even with all our will and all our efforts we know that the needs of many children of this nation are not being met.

So it behooves us as committed organizations and individuals to ask ourselves the larger question, how do we compromise what differences there are, how can we set some priorities so that we can truly make an impact for children? I think we must approach this task with the realization that at best there is much we do not know and cannot do. On the other hand, if we're willing to recognize strengths and assume good faith on the part of all of us, it seems to me that we can minimize our differences and put the focus on the welfare of children, not on our turf or our own point of view.

I think the Washington Post this morning in the article about Marian Edelman's speech yesterday summed it up. The first paragraph of the article says, those who want to help children are going to have to be realistic, politically savy, less sanctimonious about choosing allies, and make their pressures felt at the ballot box as well as preaching do goodism.

The second issue has to do with all those people who are not at this conference, not in NCOCY. The millions out there who are not here, as I said. For we have learned at this conference if indeed we already did not know it, that there is a well organized and effective campaign being conducted at the grass roots to defeat child care legislation. To say that it is irrational, illogical, emotion- based on fiction and not fact does not lessen the impact of that effort.

The legislators and their staffs who have come to this conference have certainly impressed upon us the chilling facts about the impact of this campaign of fear and fiction. The Washington Star reported last evening that Senator Mondale's office alone is receiving 1600 letters a week on the Child and Family Services Act. Almost all of them furiously criticizing non-existent provisions of the Child and Family Services bill.

The subtlety of this campaign and its hidden sponsors make our task very difficult. Efforts must be made, however, by all of us to combat fiction with facts, and the facts are available. Why can't we, someone said, make our voices heard in behalf of children? Why can't we get the editorials and the television time?

To sum up what I think this conference has said about day care, I think it has said to us that we must work harder to minimize our differences to the end that we organize ourselves and set priorities clearly directed toward efforts to improve the lives of America's children. And secondly, we must, as individuals, and in our respective organizations, work diligently and patiently to get our own members as well as the American people, to understand the facts with respect to legislation that is designed to help children and families.

We must dispel the myths and propaganda with the truth that is evident, and we must generate the positive support necessary to effect public policies that help children and their families.

And finally, I cannot condlude without expressing to Judy Helms and to all the NCOCY staff what I believe is a deeply felt sentiment of many at this conference, and that is a deep appreciation for this conference and for the tools that you've given us

us to enhance our work. The fact book and the directory, I hope, will become working materials of every organization and every individual in America who professes to hold an interest in children. Thank you.

SUMMARY OF CONFERENCE DISCUSSIONS
Final Plenary Session

February 4, 1976

Child Health Policies
Dr. Marvin Cornblath
Chairman of Pediatrics
University of Maryland

I would like to apologize for not being as well prepared as the previous two speakers, but I would like to share with you some of my thoughts about the conference and what happened at the health workshops and at the plenary sessions.

I think first and foremost that each of the previous speakers have in reality been talking about health, because health for children and youth as so eloquently articulated by our first plenary speaker, Dr. Keniston is absolutely and intimately involved with family income support and child care, and every other issue that was raised here. Health is not seeing doctors and getting medical services, but rather is intimately involved with every aspect of every workshop and every minute of the dedicated and devoted time that each of you have put in these last few days.

For my own presentation I will limit my summary, however, to specific health issues and to the immediate goals and dreams, which Dr. Rashi Fein urged us to pursue.

If we look at our speakers over the last few days-and I will not give you statistics for I think we've heard statistics well articulated from each of our government representatives, we can examine philosophies, policies, and action items. Dr. Rashi Fein gave us a number of action items to think about, but emphasized one which I think we all have to carry back with us - and that is to try harder and to keep our standards high. Let's not slip back to where they are desperately to push us with this vicious propaganda that was alluded to by the previous speaker. I think we must keep our goals and work at them very diligently.

Dr. Miller was very articulate and impressive and inspiring in talking about how children require special programs. They can't fit under these umbrella programs of Medicare and Medicaid, even where, as he pointed out, so little goes to children and so much goes to the others. He did not want to atke anything away from the others and I think that's important, but we have to place a new emphasis on the needs of children.

We've heard over and over again that we have to change the administration, to get America moving again, and so on, but I think that many of us have Republican friends and that to be able to quote Herbert Hoover's concept that if we could only have one generation of healthy children, well educated children, children raised in good families, we would attain Utopia in the United States is one that we can all use effectively when we go back home.

I think both speakers and everyone else emphasized that we can't continue to have a dual system of care. The dual system is an interesting concept because often the neighborhood health centers may offer better care than all of us are used to having with our own private physicians. But that's not the answer and that's not the problem. The problem is we have to have the best possible care for all children.

I think everybody emphasized, and we even heard Representative Miller say it, that the current bills in congress are not health insurance at all, they are sickness insurance; catastrophic and all the others. Except for portions of the Kennedy-Corman Health Security Act, they're all sickness insurance.

So we have a job to do. We have to go back. We came, we were interested and now we have to go back and get our friends and colleagues and neighbors interested. We have a job to do, to educate people, as to the difference between health insurance and sickness insurance, or even health services and sickness insurance. Maybe we ought to throw insurance out of the vocabulary completely when we're talking about the needs of children.

We need to develop a sense of public responsiblity toward all children getting good health care, and I think that the recent survey of the American Academy of Pediatrics shows that immunizations are not only down in the inner city and rural areas, where there isn't access to help, but in our affluent suburbs as well.

So many of our young pediatricians have never seen polio, have never seen diphteria, and it's hard for any of us to think about preventing something that hasn't existed for a long time. We've all eliminated the vaccination because in truth smallpox has been eliminated from the world. But diptheria hasn't, and polio hasn't and I must say that we're very unhappy in Maryland because New Jersey or Pennsylvania is dumping polio virus on the banks of our beautiful state. But any way that's a different issue.

We must make sure that there is public responsibility to good health care for every child - not only the poor, not only the near poor, but for everyone. We have to work at the local level. I think Representative George Miller gave us a very important insight, at least it was for me, and that is that people running for Congress remember what they say or ask and answer before the election. When they go out to the grass roots and shake your hand and come to your house to coffees or teas, when people ask them these hard questions and they give answers, they feel committed to those answers.

As he pointed out, once you're elected you have nine different ways to avoid giving a stand on an issue or a bill. So I think we have to get in there and work right now before next November. We also have to work at the local level with our elected officials, our health and welfare officials on EPSDT. The real tragedy of the block grants is that these block grants go in through the governor to a health department and no one is accountable. You can't even touch an elected official or get an accounting of what happens to the monies that are supposed to go for maternal and child health. And I think Dr. Miller pointed that out so well when he discussed the fact that in one state where they surveyed, seven percent of the dollars were going for services and 93 percent were going for administrative costs, public and health department official's salaries and expenses.

So, I think we have to ask our state officials to be accountable, and we have to find out what's happening.

I think that the State of the Union Message that many of us heard or read just recently really proposes abdicating any responsibility for health. It's let it go, it'll take care of itself, put it in the marketplace. We heard all the phrases and I'm not going to repeat them for you.

I think that our major job is to go back and let the local people know of the power they yield at the ballot box, asking questions, asking embarrassing questions if you will, demanding accountability. We have a very funny system in medicine now. We have it in academia, we have it in medical care, we have it everywhere. We have a new bill which is going to establish HSAs, area health service areas. Any everybody has to be accountable. But the accountability only runs in one direction. It runs downhill.

I have to be accountable to the dean but the dean doesn't have to be accountable to me for what should be good education and pediatrics. The physicians and hospitals have to be accountable to the regional medical programs or to the health service area, but the health service area is not accountable to them to make sure that they try to provide and resources necessary for good health.

I think we have to reverse this and make sure that these people are accountable to us just as we are accountable for the public dollars we use in delivering their services. We certainly need a focus on specific issues at local levels, and I think this is something we can work on.

Again I want to quote Dr. Miller, for it was shocking to me - and I'm sure his statistics and his data are valid - that 71 percent of the federal dollar for health goes to non indigents - to non indigents. And only one half of the children who are eligible for Medicaid are enrolled. They don't even have an opportunity to take advantage of the system as it exists.

Well, I'd like to close by reemphasizing what Dr. Fine has said. We must have dreamers, we must plan and dream of great things in the future, but as Dr. Fine also said, let us begin and let us get moving. My own feeling is that to work and try to get more funds and more facilities and more resources is going to be dismal; perhaps this year, perhaps next year. So let us all use what we have and maximize. Let's get a dollar and a half worth of services for every dollar we have. Let's get volunteer neighbors, let's just get on about it and let's do it.

Specifically, one of the things we have to do is get every child in every one of our communities immunized. We can do that just from the groups that are sitting here and have met here the last few days.

So, in my final conclusion, all I want to say is let's get on with it, let's get back, and let's get moving. Thank you.

Address By: Judith S. Helms
Executive Director, NCOCY

February 4, 1976
Final Plenary Session

This has been a long three and a half days, full of more information than we can absorb in one sitting, but giving us all a great deal to think about and more importantly act on. I want first to thank all of you who participated in such good spirit and seriousness of purpose, and especially to thank so many of you who have contributed time and preparation in advance to the many discussions and workshops. Without all of your help this conference would not have been possible.

This has been a tremendous conference, one that has raised clearly and forcefully the issues we have worried about before, and the ones that perhaps we weren't even aware of until this week. I think we've all been renewed and recommitted by this exchange, and I hope that we are now ready to make a Bicentennial effort which will make a difference for children.

This morning I want to do two things in winding up this meeting. First, I want to talk to you briefly about NCOCY, who and where we are as an organization and how we function, and then I want to say a few words about where I think we are going. We are a coordinating coalition of 150 members, founded not quite three years ago. We are now hitting our stride as an effective mechanism to disseminate information and to focus strong national advocacy on fundamental issues.

1975 was a very exciting year for us. Our system of working collectively and flexibly has proven itself. We organize cluster groups from member organizations, interested in specific issues. We hold timely meetings and send out frequently bulletins based on our staff research, and information from our members. We generate collective pressure on critical issues at the national level and inform our member organizations about legislative and policy decisions as they begin to need attention.

At the moment our work is centered around five cluster groups; a day care alliance, a child health group, one on foster care and adoption, one on juvenile justice, and our most recent grouping on issues of parenting and the family. Our cluster groups have provided the kind of substantive material and advocacy that have won us four private foundation grants to support and extend their work. We value very much the opportunity this gives us to extend our staff capacity and to provide a genuine service to member organizations.

In 1976 we will build on these five basic foundation groups of our activity, but beyond that we will develop our common agenda to meet the urgent needs dramatically outlined by the speakers you've heard in the last few days. The planning sessions for this conference in which dozens of representatives of our member organizations participated, chose finally to focus on three issues of critical importance to families and children: family income support, child health, and child care.

To be sure there were many other issues which demanded our attention; education, juvenile deliquency, the handicapped and abused child, problems of housing. But, we decided to select three issues which underly all other public policies which affect young children--three issues on which better public policies could prevent later problems.

Equally important in our choice of issues is the overwhelming fact, dramatically documented the last three days, that all of these issues are inevitable interrelated.

The problem of poor health is more often than not the problem of a family living in poverty. The problem of the inability to find adequate child care is more often than not the problem of a family living in poverty.

What this means for those of us who care about improving the life of families is that the solutions also are interrelated. The services cannot be provided without the basic economic supports. If they are, we succeed only in patching the damage rather than removing the cause.

Perhaps Ken Keniston summed it all up on Monday morning when he said that "our services have been a way of undoing the damage done by an economic system that fails to provide millions of families with jobs, a decent income, and work that can be combined without undue conflict with parenting. In the end no proposal to extend services can be adequate unless it is accompanied by economic supports for families."

The pressing need for action is documented clearly in our publication,"America's Children. In the United States, the most affluent society in the world, 17 million children - one quarter of all our children-live in poverty, and only one half of these children are reached by public assistance. Many of these children have two parents working and still live in poverty.

In spite of substantial medical progress we still rank behind 16 other countries in infant mortality rates. And for non-whites we rank behind 30 other nations. Unbelievably we are one of the few modern nations which does not guarantee adequate health care to mothers and children.

We are a nation that strongly believes in the importance of family life. Yet, of the fact that there is a dramatic rise in the number of female headed households, and women in the labor force, women continue to be underpaid and undervalued. Families headed by men, and we are almost the only industrialized nation with no national child and family policy, no adequate system of family services and income supports, and no system to assure that children receive adequate care while their parents are working.

The facts in our book are startling, not because they are one by one new to most of us, but rather because when they are put together in this way they document a lack of public commitment and concern in a nation that prides itself on its human sensitivity. These statistics, taken as a whole, reveal a nation which is vastly underdeveloped in its support for children and families.

The lack of prenatal care in a country which could easily provide it for everyone; the lack of adequate nutrition in a country which could so easily provide it; the lack of housing and quality day care in a country which could so easily provide them - all are inexcusable in the richest country in the world.

How can we tolerate the fact that a quarter of our children grow up in families which subsist on incomes which do not provide a decent start. These 17 million children grow up in a world of substandard housing, lead paint, rat poisoning, undiagnosed and untreated illness, and a complex of daily troubles that overwhelm their parents, and, in the end, deprive them of outlets for their natural curiosity and vitality.

How much do we as a nation really care about the state of our children? I want to go back once more and look at the President's State of the Union Message. The President mentioned children only once when he said "America's greatness is that we all know that our children's lives will be better than our own." But are we really so sure of this? If we examine the rest of the President's remarks and his budget proposals, we are left in serious doubt. What he told us is that we must lower our expectations, that government cannot solve social problems, that we do not have the resources, that we should look forward to 1976 with a spirit of restraint, and that a less compassionate approach is really in tune with the general mood of America.

Campaign speeches and promises from any of the numerous presidential candidates contain few if any mention of children, a constituency which doesn't vote. The talk today from politicians of both parties is of scarce resources. Their rhetoric is full of phrases such as being realistic, not expecting too much finite resources and the limitations of government.

I believe that it's time for all of us to put an end to this talk, to refuse to fall into the easy trap of acknowledging that the problems are too great, the resources too small, the programs we have ineffective in tackling the situations. I think that we must get off the defensive and start asking about the cost of not committing the resources. And we must defend the programs that are working.

The President's budget clearly is devoid of imagination and devoid of compassion and sensitivity to the needs of children and families. But the Administration budget and the empty campaign speeches are only part of the picture. There are positive proposals, proposals which each of us needs to study so that we can be informed advocates in the policy-making process.

We're all aware, and we've heard over and over again the last several days, about the Mondale-Brademas Child and Family Services Act. Many of the organizations that are represented in this room have gone on record supporting the basic premises behind such legislation. But, as Senator Mondale told us Sunday night there are others in the country who are waging 2 massive libelous hate campaign against the proposal.

It seems to me that if this vicious kind of campaign is not counteracted quickly and effectively, not only are we going to be further than ever from the possibility of achieving adequate child care, but we're going to prove to these individuals that they have a strength which I am convinced they will use to attack other social programs.

National health insurance proposals abound. They run the gamut from the comprehensive legislation proposed by Senator Kennedy to much more limited proposals. There has been a great deal of testimony. But how much attention has been paid to the special needs of children who represent 40 percent of our population. Tragically little. Those proposals which attempt to provide comprehensive care and reform our delivery system certainly deserve out attention, and those that ignore the special needs of children must be rejected.

On the question of adequate family income support, I think our job is even more monumental. And because it is so central to everything else we've been talking about the last three days, it will demand the energies of every one of us. Part of the problem relates to the mythology concerning welfare cheaters and lazy welfare mothers. Many legislators are loathe to even discuss the issue. The President's proposals are concerned only with cutting costs. But there are other proposals that we've heard about the last several days, ones which move to full employment and adequate income levels. We must begin the dialogue to dispell the lies and myths and also to improve the system.

This conference is entitled Third Century Challenges. And now at the end of our meeting we are, I believe, faced with two major challenges - challenges which will demand a great deal of our time and energy.

First, is the challenge to communicate the message of our speakers and of our book. To do this means first that we have to stop talking with ourselves, begin exchanging information outside of our constituency. This is not going to be easy. But, it seems to me that it is essential, for only by expanding our existing constituency can we inevitably be effective. We can take a lesson from other advocates who have been successful in this field. Think for example of the environmentalists and how effective they have been in communicating their message to the public and to decision makers.

And we must enlist the assistance of the media. We must use radio, television, and the printed word to dramatize the state of our nation's children. Obviously we do not all have direct access to the major television networks, but we all have within each of our communities local radio and television stations and local newspapers. These people are interested if we take the time to work with them. The second challenge is more difficult but inevitably as important, and it's the challenge to action. 1976 is the Bicentennial year, and it is also a presidential election year. Children have neither a voice nor a vote, but everyone in this room and all of us throughout the country do.

The candidates will all be speaking out on the issues. The Democrats and Republicans will both have party platforms. Where regional hearings are held we should participate. We must begin the dialogue with each and every candidate. We must demand that they take a position on the critical issues that we care about, and finally, we must begin holding our elected officials accountable. Those that are our friends nationally and locally deserve our continued support. We must let those who do care know that we appreciate what they have done for us and that we will continue to support their efforts.

We don't have many political allies; we must not lose them or their support. Those politicians who care need our help, and those that have the wrong answers must be held accountable. If they presently are holding office they should be turned out, and if they are candidates they should be defeated.

In the last analysis the final test of holding an elected official accountable on our issues can only occur at the ballot box. Many other constituencies are organized and effective advocates. There is no reason that we children's advocates cannot develop the same effectiveness.

One question arises whenever we talk about influencing public policy. How do tax exempt groups relate to elected officials and to current political and legislative questions.

Let us remember that the tax laws are not meant to stifle legitimate citizen concern, nor to stifle the necessary political process on which democracy is based. They are meant only to keep tax exempt funds from being used for partisan political purposes. We must be careful not to use tax exempt funds on specific election campaigns and specific candidates, but to advocate better policies and laws for children is not prohibited.

To communicate with your public officials is not prohibited. To monitor legislation already on the books to see that the intent of Congress is carried out is not prohibited. And to do a limited amount of direct lobbying is permitted. We have important political work to do, and if you have questions about the exact definitions of what is possible let us help you understand this so that we don't lose any opportunities that we could be taking advantage of.

To be effective advocates for children, to begin to see results, I believe that we must look beyond our narrow interests to form a broader constituency. And we need to resolve our own differences and stop fighting the wrong enemy. NCOCY attempts to bring groups together at the national level, but coalitions need to be developed locally. It won't be easy. It's what Marian Edleman called dull, hard, day to day work, going back again and again and again to people who don't want to hear.

And it's true, as she said, that we must not try to do too much, that we must bread down the big problems to bite-like pieces, and that we must not let the size of the problems overwhelm us with inaction.

In short there's a great deal to be done, and we must begin. I think that we need to take that baby carriage that Marian Edelman talked about yesterday and push it into the street and give it a good, long, hard, continuous fight.

Thank you, very much.